

Name

In
Full

CERTIFICATE OF DEATH

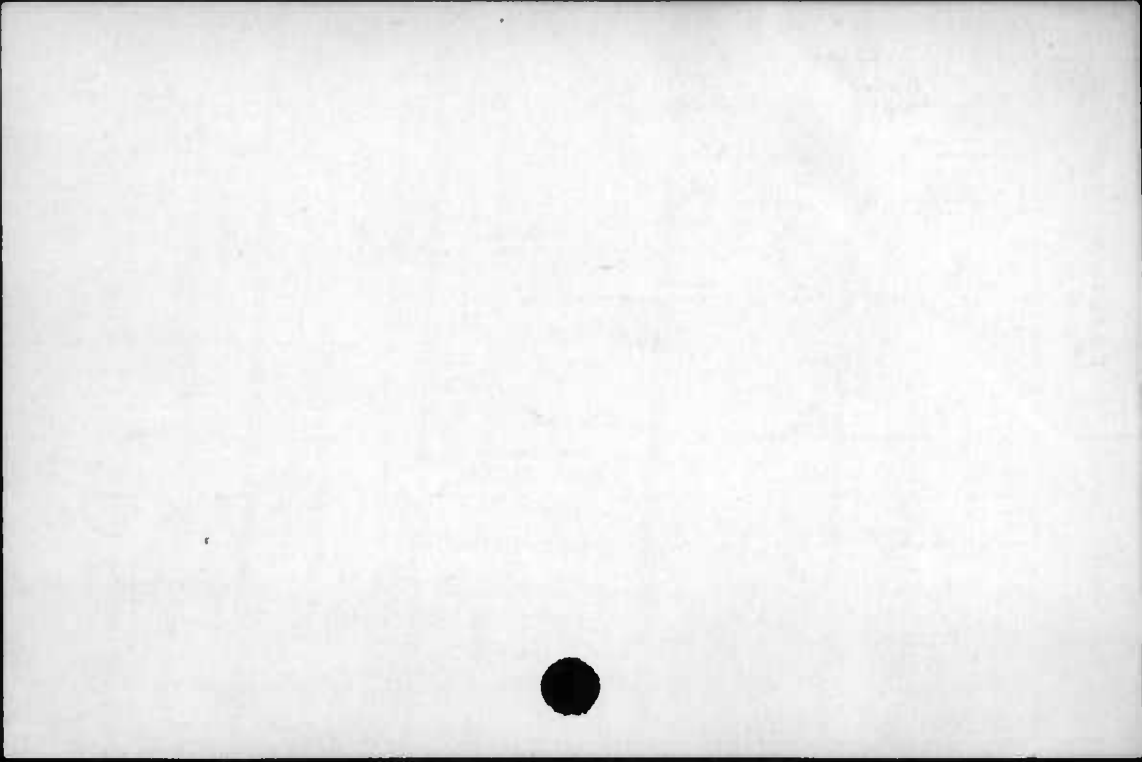
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Date of death	1906	Month	5	Day	15	Age	45
Sex	<i>male</i>		Color or Race	<i>white</i>		Birthplace	<i>Va</i>
Occupation	<i>Insurance Agt.</i>		Where Residing if not at place of death				
Married, Single or Widowed	<i>married</i>		Name of Wife <i>Mrs May Fiehe Armistead</i>				
Father's Name	<i>James M. Armistead</i>					Father's Birthplace	<i>Va.</i>
Mother's Maiden Name	<i>Caroline Platt</i>					Mother's Birthplace	<i>Il.</i>
Name of person giving information	<i>Mrs Parker</i>					How related to deceased	<i>sister</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Endocarditis</i>		How long	<i>Don't know</i>
Immediate	<i>"</i>		How long	<i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	Signature of Physician	<i>Wm. Preston Miller</i>
			Address	<i>Hagerstown Md</i>
Accident or Suicide?				



Name
in
Full

Add M Baker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Bessell		Washington					
Date of death	1906	Month	5	Day	1	Years	36
Age		36		Months		3	
Sex		Female		Color or Race		White	
Birth-place		Va		Occupation		Where Residing if not at place of death	
Married, Single or Widowed		Married		Name of Wife or Husband		Samuel H Baker	
Father's Name		Wm H Sanders		Father's Birthplace		Don't know	
Mother's Maiden Name		Julia Lee		Mother's Birthplace			
Name of person giving information		Samuel Shaper		How related to deceased		Husband	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Renal Calculi	How long	3 yrs.
Immediate	Exhaustion	How long	3 mos.
Are the name, age, sex, color, date and place correctly given above?		yes.	
Signature of Physician		C. R. Scheuer	
Address		Hogustown	
Accident or Suicide?		No.	



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

Died at *Clearspring* Town*Washington* CountyDate of death *1906* Month *MAY* Day *14* Year *1906*Age *83*

Months

Days

Sex *Female*Color or Race *White*Birth-place *Clearspring*

Occupation

Where Residing if not at place of death

*Clearspring*Married, Single or Widowed *Widowed*Name of ~~Widow~~ Husband *George Boyd*Father's Name *Daniel Gehr*Father's Birthplace *Not*Mother's Maiden Name *Margaret Funk*Mother's Birthplace *Id*Name of person giving information *Miss Daisy Boyd*How related to deceased *Daughter*

CAUSES OF DEATH

Primary *General debility**(154)*How long *Three months*Immediate *Heart failure*How long *One week*

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Abraham Shank

Address

*Clearspring
Washington Co.*~~Accident or Suicide?~~TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1906		May	7	Age 30	—		—
Sex	Female	Color or Race	Colored	Birth-place	Md		
Occupation	Housewife			Where Residing If not at place of death			
Married, Single or Widowed	Married			Name of Wife or Husband			
Thomas Calam				Danielle Braston			
Father's Name	Thomas Calam			Father's Birthplace	Md		
Mother's Maiden Name	Ellen Keets			Mother's Birthplace	Md		
Name of person giving information	Sant Braston			How related to deceased	Husband		

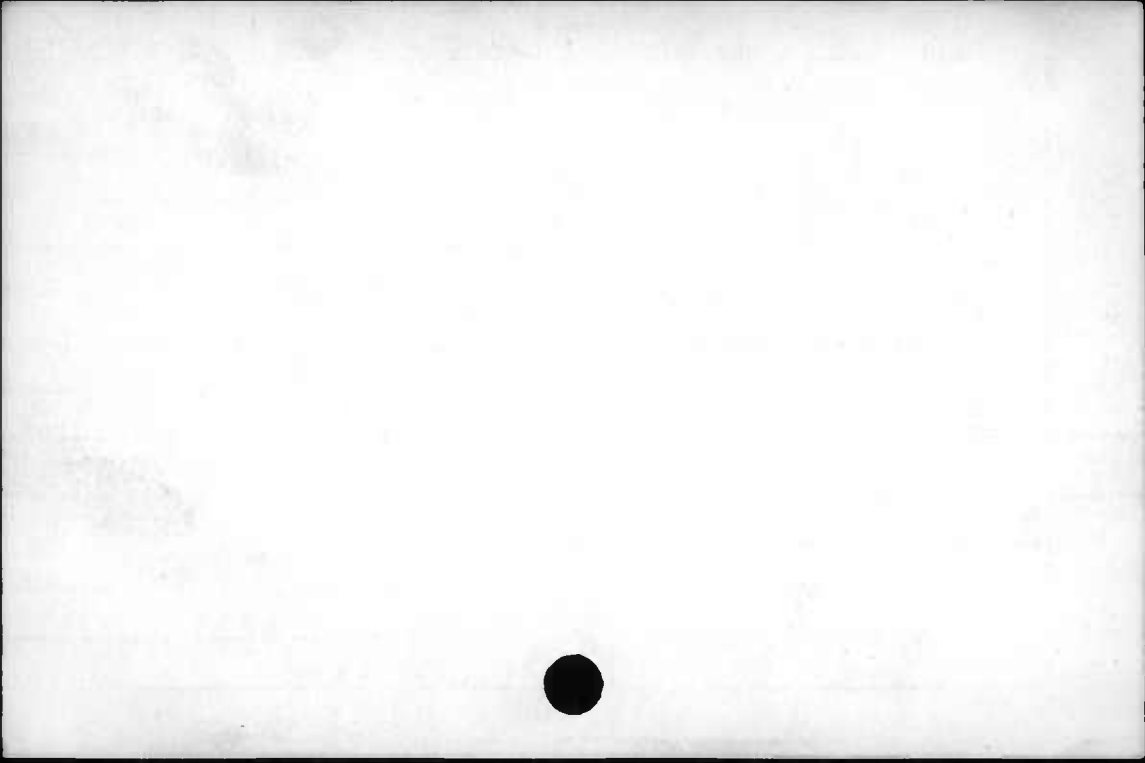
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long	3 mos
Immediate	Exhaustion	How long	10 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		S. M. Waggoner	
No		Address	
Accident or Suicide?		Hagerstown, Md	

Kelly Smith

Name in Full		Howard Britzler				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Hagerstown		County Washington		MARYLAND	
	Date of death	1906	Month May	Day 24	Age 26	Months	Days
	Sex	Male		Color or Race	white		Birth- place
	Occupation	Laborer		Where Residing if not at place of death		Hagerstown Md	
	Married, Single, or Widowed	Married		Name of Wife or Husband		Bertha Lurry	
	Father's Name	Chas. J. Britzler				Father's Birthplace	Germany
	Mother's Maiden Name	Julia C. Chaper				Mother's Birthplace	Md.
Name of person giving Information	Jes. S. Britzler				How related to deceased	Brother	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Pulmonary Tuberculosis				How long	1 year
	Immediate	Exhaustion				How long	2 wks
	Are the name, age, sex, color, date and place correctly given above?	Yes				Signature of Physician	S. M. Wagoner
		No				Address	Hagerstown, Md.
Accident or Suicide?		No					



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full John W. Brillheart No 299		Town Pinesburg		County Washington		State MARYLAND	
Died at Pinesburg		Month May		Day 11		Years 5-8	
Date of death 1906		Months 2		Days 11		Age 5-8	
Sex male		Color or Race white		Birth-place Berkeley Co W. Va			
Occupation Farmer		Where Residing if not at place of death					
Married, widowed Widowed		Name of Wife or Husband Sarah Jane Potts					
Father's Name John W. Brillheart		Father's Birthplace					
Mother's Maiden Name Lea Crone		Mother's Birthplace					
Name of person giving information Hennetta Brillheart		How related to deceased daughter-in-law					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Paralysis	How long about six yrs
Immediate Hemorrhages of lungs	How long two days
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Dr D. I. Glesher
	Address Williamsport Md
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Anna Beena Coyle</i>		Town <i>Hittersburg</i>		County <i>Washington</i>		State <i>MARYLAND</i>	
Died at <i>Hittersburg</i>		Date of death <i>1906 May 31</i>		Age <i>1</i>		Months <i>9</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Hittersburg</i>		Days <i>1</i>	
Occupation <i></i>				Where Residing if not at place of death <i></i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i></i>					
Father's Name <i>Horatio P. Coyle</i>				Father's Birthplace <i>Smithsburg</i>			
Mother's Maiden Name <i>Naomi L. Brechbiel</i>				Mother's Birthplace <i>Franklin Co. Pa.</i>			
Name of person giving information <i>Horatio P. Coyle</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Lobar Pneumonia entire right side</i>	How long <i>19 days</i>
Immediate <i>Heart failure</i>	How long <i>3 hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>D. Robt. W. Wilson</i>
	Address <i>Hittersburg</i>
Accident or Suicide?	<i>Ind.</i>



Name
in
Full

Ella May Davis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hancock</i> <small>Town</small>		<i>Was</i> <small>County</small>		MARYLAND	
Date of death	1906	Month	May	Day	20
Sex	Female	Color or Race	White	Birth-place	Hancock
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Walter C Davis			Father's Birthplace	Williamsport
Mother's Maiden Name	Olive S. Bomberger			Mother's Birthplace	" "
Name of person giving information	Mrs J Bomberger			How related to deceased	Grandmother

CAUSES OF DEATH

81

PHYSICIAN
OR CORONER

Primary	Carotid Aneurysm	How long	21 days
Immediate	Carotid Aneurysm	How long	21 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	H. C. Taber
		Address	Hancock, Md.
Accident or Suicide?	—		



Name
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CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

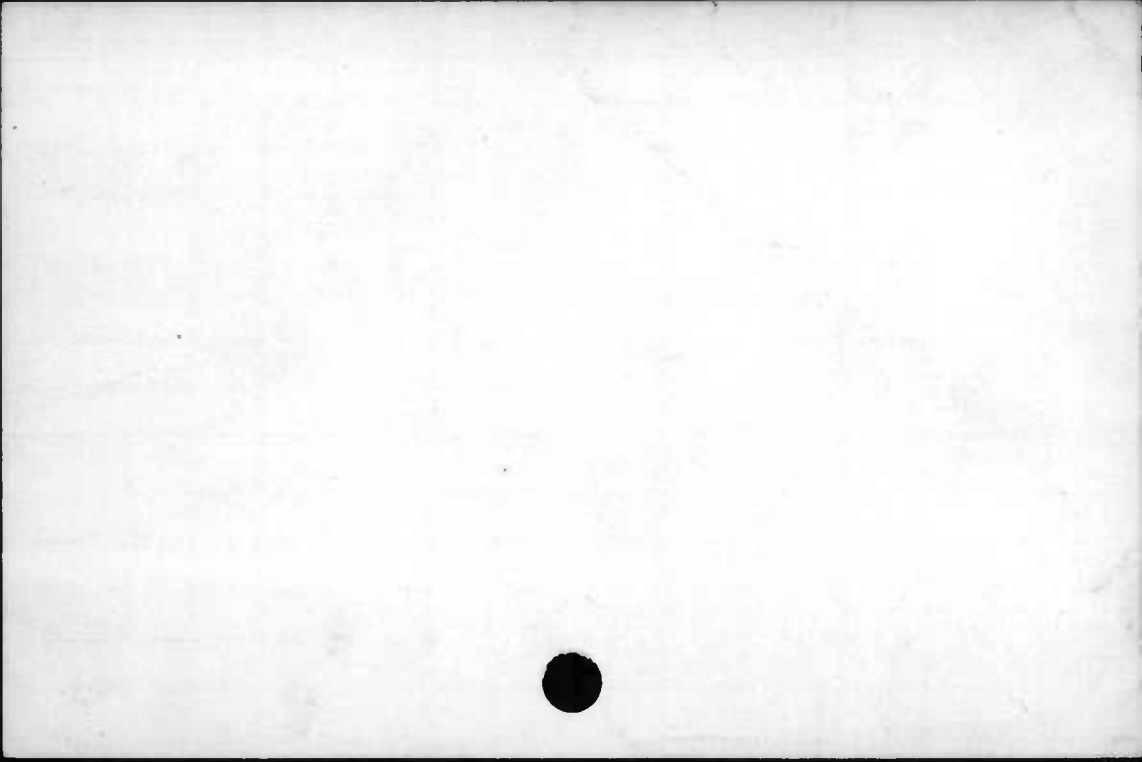
MARYLAND

Died at <i>Ponerville</i>		Town <i>Washington</i>		County	
Date of death <i>1906</i>	Month <i>5-</i>	Day <i>5-</i>	Age <i>55-</i>	Years <i>5-</i>	Months <i>19</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>near Cavetown</i>		
Occupation <i>Labour</i>			Where Residing if not at place of death <i>Ponerville</i>		
Married, Single or Widowed		Name of Wife or Husband <i>Mrs Martin L. Dayhoff</i>			
Father's Name <i>Henry Dayhoff</i>			Father's Birthplace <i>near Cavetown</i>		
Mother's Maiden Name <i>Mary R. Holisen</i>			Mother's Birthplace <i>" "</i>		
Name of person giving information <i>Mrs Martin L. Dayhoff</i>			How related to deceased <i>Wife</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Dropsey & Heart Failure</i>	How long	<i>177</i>
Immediate	<i>Dropsey & Heart Failure</i>	How long	<i>Six months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Geo. B. Hoover Undertaker</i>	
		Address <i>Smithsburg Md</i>	
Accident or Suicide?			



Name
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Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full *John Lewis Downey*

Town *Downsville* County *Hash*

Died at *Downsville*

Date of death *1906* Month *May* Day *2* Age *Years* Months *Days*

Sex *Male* Color or Race *White* Birth-place *Downsville*

Occupation *Where Residing if not at place of death*

Married, Single or Widowed *Name of Wife or Husband*

Father's Name *Simon Downey* Father's Birthplace *Downsville*

Mother's Maiden Name *Florence Snowels* Mother's Birthplace *Telghmorton*

Name of person giving information *Simon Downey* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Still Born* How long

Immediate *How long*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *S. M. Reichard* Address *Fairplay*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name Mrs Mary E Fisher

Town Hagerstown **County** Wash

MARYLAND

Died at Hagerstown

Date of death 1906 **Month** 5 **Day** 2 **Age** 77 **Years** — **Months** — **Days** —

Sex Female **Color or Race** white **Birth-place** Md.

Occupation N. W. **Where Residing if not at place of death**

Married, Single or Widowed widow **Name of Wife or Husband** John Fisher

Father's Name Joseph Martin **Father's Birthplace** Md.

Mother's Maiden Name Sarah Rivers **Mother's Birthplace** "

Name of person giving information John S Martin **How related to deceased** brother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Val. disease of heart (79) **How long** Two weeks

Immediate Val. disease of heart **How long** Three to four

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician Jas. B. Beryl M.D.

Address Hagerstown Md

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Geo. Frankline Fry*
 Died at *Hagerstown* Town *Washington* County
 Date of death *1906* Month *5* Day *6* Age *—* Years *—* Months *—* Days *44* Hours *10*
 Sex *Male* Color or Race *White* Birth-place *Md*
 Occupation *—* Where Residing if not at place of death *—*
 Married, Single or Widowed *—* Name of Wife or Husband *—*
 Father's Name *John F. Fry* Father's Birthplace *Md*
 Mother's Maiden Name *Estella Langherty* Mother's Birthplace *Md*
 Name of person giving information *John F. Fry* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Non-Remotely* *(151)* How long *—*
 Immediate *Exhaustion* How long *—*
 Are the name, age, sex, color, date and place correctly given above? *yes*
 Signature of Physician *Chas. H. Rague*
 Address *Hagerstown, Md*
 Accident or Suicide? *—*



Name
in
Full

Florence Catharine Garrison

No 300
CERTIFICATE OF DEATHDied at Wmst ^{Town}Wmst ^{County}

MARYLAND

Date
of death 1906 ^{Month} MayDay 11Age 26 ^{Years}Months 3Days 26Sex FemaleColor or
Race WhiteBirth-
place Wmst MdOccupation _____Where Residing If not
at place of death _____Married, Single
or Widowed SingleName of Wife or
Husband _____Father's
Name J. Benjamin GarrisonFather's
Birthplace WilliamstMother's
Maiden Name Bertha E. RiceMother's
Birthplace Wmst MdName of person giving
In formation J. Benj. GarrisonHow related
to deceased Father

CAUSES OF DEATH

Primary MeningitisHow long 3 daysImmediate Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above? yesSignature of
Physician D. M. HartAddress Williamst

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death	<i>1906</i>	Month <i>3-</i>	Day <i>8</i>	Age <i>33-</i>	Years <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Md</i>		
Occupation <i>House work</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Don't know</i>			Father's Birthplace <i>Don't know</i>		
Mother's Maiden Name <i>Don't know</i>			Mother's Birthplace <i>Don't know</i>		
Name of person giving information <i>Maria Lewis</i>			How related to deceased <i>None</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>179</i>	How long
Immediate <i>Found dead</i>		How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W.B. Morrison</i>	
	Address <i>Hagerstown Md</i>	
Accident or Suicide?		

Harvey

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>William D. Groves</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		State <i>MARYLAND</i>	
Died at <i>Hagerstown</i>		Month <i>May</i>		Day <i>26</i>		Years <i>1906</i>	
Date of death <i>1906</i>		Age <i>1</i>		Months <i>1</i>		Days <i>1</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>md</i>			
Occupation <i>Child</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>William Groves</i>		Father's Birthplace <i>md</i>					
Mother's Maiden Name <i>Alice Freshour</i>		Mother's Birthplace <i>md</i>					
Name of person giving information <i>William Groves</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Enterocolitis - Diphtheria</i>	How long <i>105</i>	<i>2 weeks</i>
Immediate <i>Exhaustion & Toxaemia</i>	How long <i>1</i>	<i>"</i>

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Peter D. Mueller Jr
Hagerstown md

Accident or Suicide?

no

Saint Paul

Name
in
Full

CERTIFICATE OF DEATH

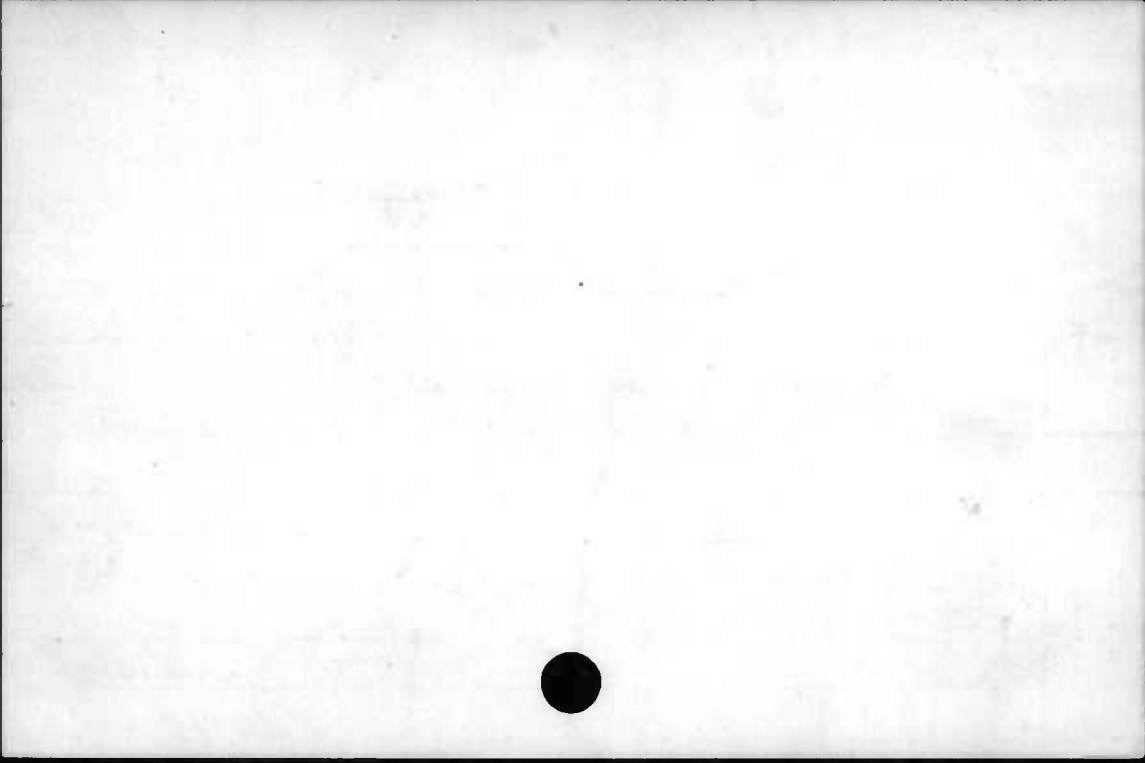
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Effie Vanetta Hood</i>		Town <i>Millstone</i>		County <i>Washington</i>		MARYLAND	
Died at <i>Millstone</i>		Date of death 190 <i>6</i>		Month <i>5</i>		Day <i>23</i>	
Sex <i>Feminine</i>		Color or Race <i>White</i>		Age <i>25</i>		Years <i>5</i>	
Occupation		Birthplace <i>Millstone</i>		Months <i>5</i>		Days <i>3</i>	
Where Residing if not at place of death <i>Sluery creek Woa</i>							
Married, Single or Widowed		Name of Wife or Husband <i>Harry Russell Hood</i>					
Father's Name <i>Altho Shivers</i>		Father's Birthplace <i>Millstone</i>					
Mother's Maiden Name <i>Dorothy Ann Humphreys</i>		Mother's Birthplace <i>"</i>					
Name of person giving Information <i>Edward L. Dick</i>		How related to deceased <i>Sister</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Phthisis</i>	How long <i>(27)</i>
Immediate	How long <i>1 year</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>P. Edward Stages</i>
	Address <i>Stonewall, Md.</i>
Accident or Suicide?	



Name

In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Hagerstown</i>		Town <i>Hagerstown</i>		County <i>Wash</i>		State <i>MARYLAND</i>	
Date of death <i>1906</i>	Month <i>5</i>	Day <i>31</i>	Age <i>34</i>	Years <i>34</i>	Months <i>6</i>	Days	
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>MD</i>				
Occupation <i>N. W.</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>married</i>		Name of Wife Husband <i>David Harp</i>					
Father's Name <i>Charles E Beck</i>				Father's Birthplace <i>MD</i>			
Mother's Maiden Name <i>Jennie Fleming</i>				Mother's Birthplace <i>IL</i>			
Name of person giving information <i>Howard Beck</i>				How related to deceased <i>uncle</i>			

CAUSES OF DEATH

(91)

PHYSICIAN
OR CORONER

Primary <i>Chronic Bronchial Catarrh</i>	How long <i>Three years</i>
Immediate <i>Exhaustion</i>	How long <i>several months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. H. O. Pagan</i>
	Address <i>Hagerstown MD</i>
Accident or Suicide? <i>No</i>	



Name in Full		Proudenice Hebb				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Sharpsburg		County Washington		MARYLAND
	Date of death	1906	Month May	Day 28	Age 29	Years 8	Months 28
	Sex	Female		Color or Race	White		Birth-place Sharpsburg
	Occupation			Where Residing if not at place of death			
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	Edward Hebb				Father's Birthplace	Sharpsburg
	Mother's Maiden Name	Mary C. Harris				Mother's Birthplace	"
Name of person giving information	Edward Hebb				How related to deceased	Father	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Epilepsy and a nervous attack for years				How long	For years
	Immediate	Typhoid Fever				How long	About 4 weeks
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
					Address		
					Sharpsburg Md		
Accident or Suicide?							

Chas. S. Wade
undertaker

Name
in
Full

Carolia Hoffmaster
Charles A. Hoffmaster
Town *Keadysville* County *Wash*

CERTIFICATE OF DEATH

State
MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Keadysville* Date of death 190*5* Month *5* Day *14* Age *53* Years Months *10* Days *14*

Sex *Female* Color or Race *White* Birth-place *Bornaboro*

Occupation *House Wife* Where Residing if not at place of death *Keadysville*

Married, Single or Widowed *Married* Name of Wife or Husband *S. H. Hoffmaster*

Father's Name *Larry H. Mutter* Father's Birthplace *Bornaboro*

Mother's Maiden Name *Rhyan Huffer* Mother's Birthplace *Bornaboro*

Name of person giving information *S. H. Hoffmaster* How related to deceased *Husband*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

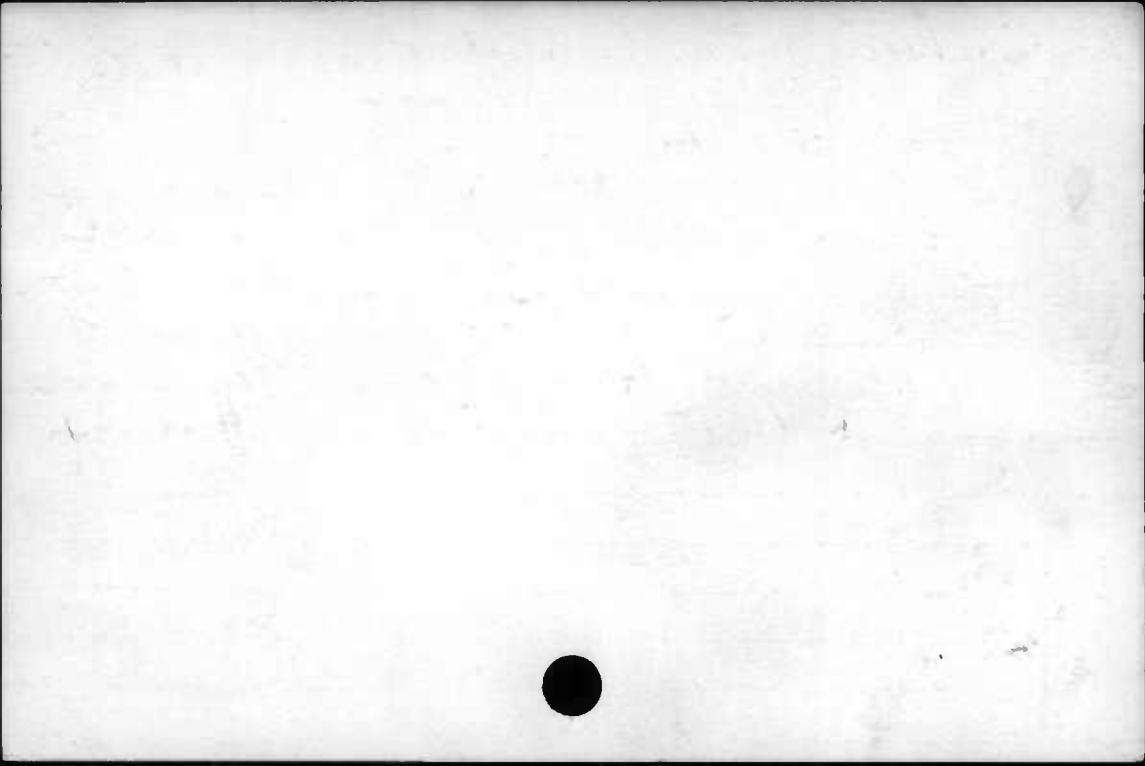
Primary *Exophthalmic Goiter* How long *14 yrs*

Immediate *Tachycardia* How long *" "*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *W. M. Chisler*
Address *Keadysville Md*

Assault or Suicide?



Name
in
Full

Mellanchton, S. Hoyer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>caretown</i>		Town <i>Washington</i>		County		MARYLAND	
Date of death	<i>1904</i>	Month	<i>5</i>	Day	<i>29</i>	Age	<i>63</i>
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>caretown</i>		Months	<i>10</i>
Occupation <i>Mechanic</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Arbelia S. Brown</i>						
Father's Name <i>John Hoyer</i>	Father's Birthplace						
Mother's Maiden Name <i>Isabella Lilen</i>	Mother's Birthplace						
Name of person giving information <i>Arbelia S. Hoyer</i>	How related to deceased <i>wife</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Central Apoplexy</i>	How long	<i>6 hours</i>
Immediate	<i>Hæmorrhage</i>	How long	<i>2 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>J. T. Jacob</i>
		Address	<i>Washington Maryland</i>
Accident or Suicide?			



Name
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CERTIFICATE OF DEATH

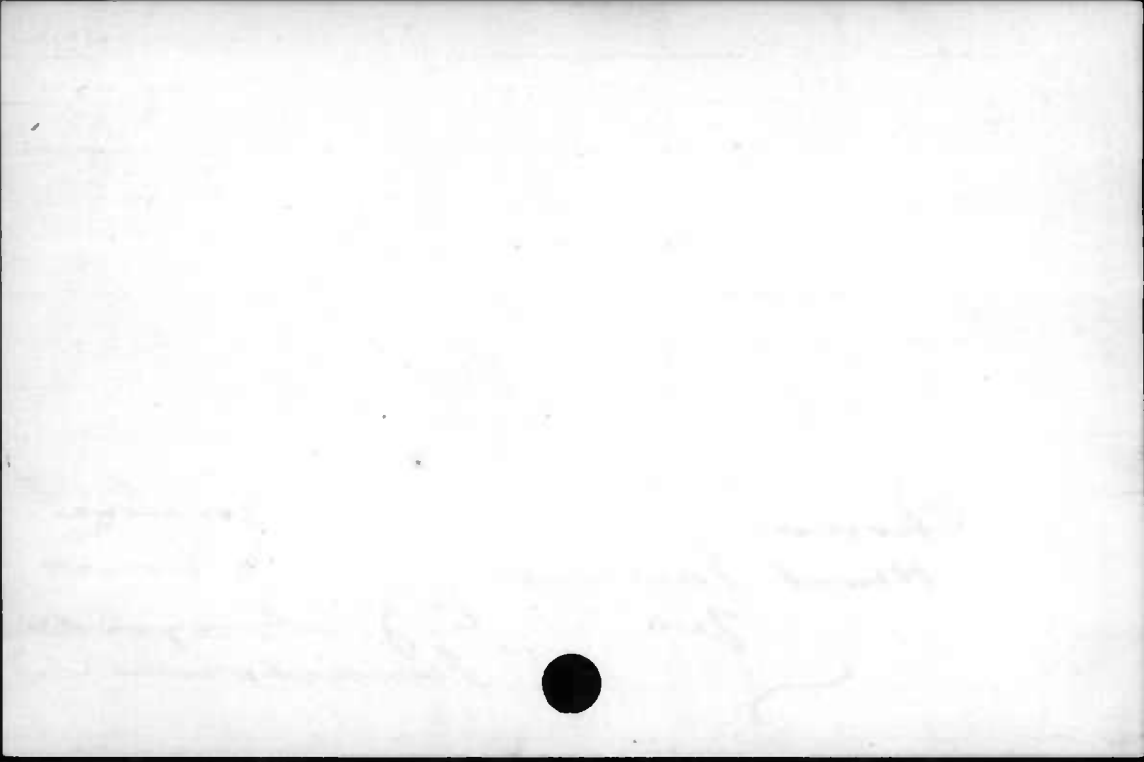
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Caretown</i>		^{County} <i>Washington</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>5</i>	Day <i>9</i>	Age Years <i>73</i>	Months <i>0</i>	Days <i>18</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Caretown</i>		
Occupation <i>Housekeeper</i>	Where Residing if not at place of death <i>11</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband _____				
Father's Name <i>Jacob Huyett</i>	Father's Birthplace <i>Chewville</i>				
Mother's Maiden Name <i>Elizabeth Ingram</i>	Mother's Birthplace <i>Beaver Creek</i>				
Name of person giving information <i>Mary E. Shank</i>	How related to deceased <i>Niece</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	How long <i>Two weeks</i>
Immediate <i>Heart failure</i>	How long <i>Instant</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr. W. D. Kefauver</i>
<i>yes</i>	Address <i>Smithsburg Md</i>
Accident or Suicide?	



Name
in
Full

Fannie May Styrre

CERTIFICATE OF DEATH

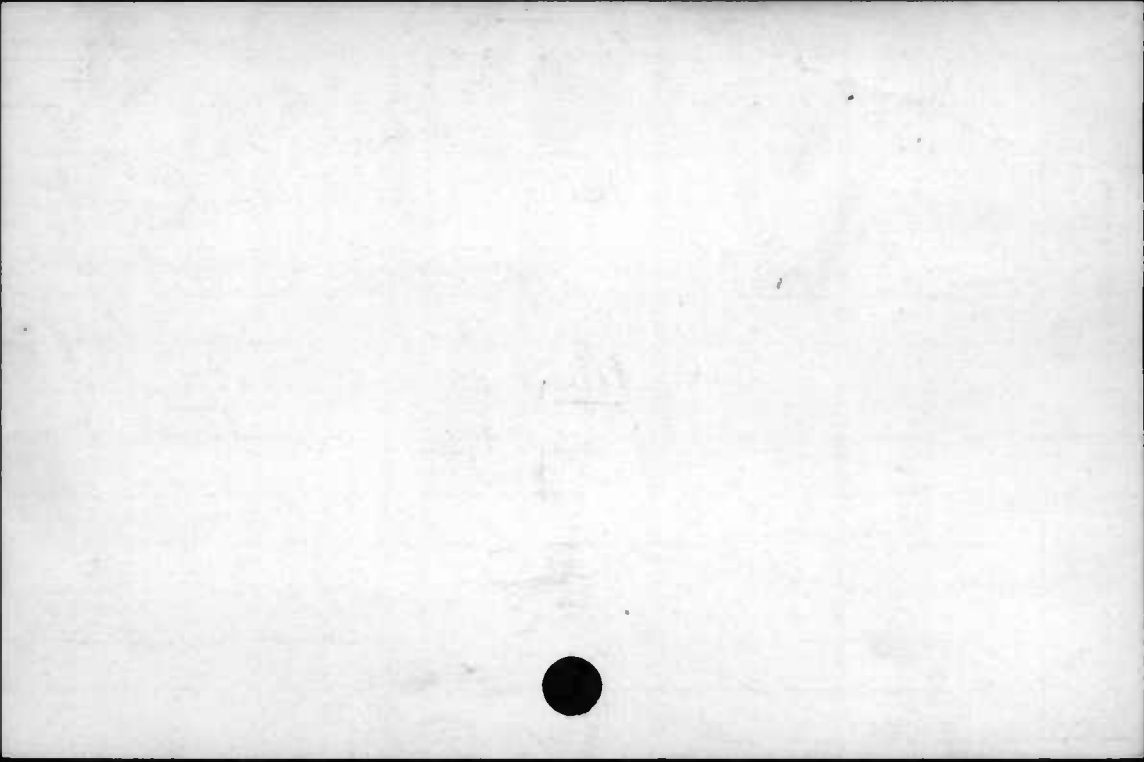
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frankstown</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death	1906	Month	May	Day	26
Age		23		Years	3
Sex	<i>Female</i>		Color or Race	<i>White</i>	
Occupation	<i>House wife</i>		Birth-place	<i>Booster</i>	
Where Residing if not at place of death			<i>Frankstown</i>		
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband		
Father's Name	<i>Eflandel G. Rose</i>			Father's Birthplace	<i>Fredrick Geo</i>
Mother's Maiden Name	<i>Marcella Reeder</i>			Mother's Birthplace	<i>Bohiville</i>
Name of person giving information	<i>Edna J. Styrre</i>			How related to deceased	<i>Husband</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Chorea</i>	How long	<i>3 weeks</i>
Immediate	<i>Heart Failure</i>	How long	<i>8 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>C. J. Wingard</i>
		Address	<i>Frankstown, Md</i>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Margarett Esthonia Hoontz</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Died at <i>Hagerstown</i>		Month <i>5</i>		Day <i>2</i>		Years <i>26</i>	
Date of death <i>1906</i>		Month <i>5</i>		Day <i>2</i>		Years <i>26</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>		Months <i>4</i>	
Occupation		Where Residing if not at place of death		Days <i>29</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Charles Hoontz</i>		Father's Birthplace <i>Md</i>		Mother's Birthplace <i>Md</i>	
Father's Name <i>Erud Bowers</i>		Mother's Maiden Name <i>Ellen Condenslager</i>		How related to deceased <i>Husband</i>			
Name of person giving information <i>Charles Hoontz</i>							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute Myocardial Exhaustion</i>	How long <i>Five Days</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. E. Pitswogle</i>
	Address <i>Hagerstown Md</i>
Accident or Suicide?	



Name
in
Full

Charles Lampas.

CERTIFICATE OF DEATH

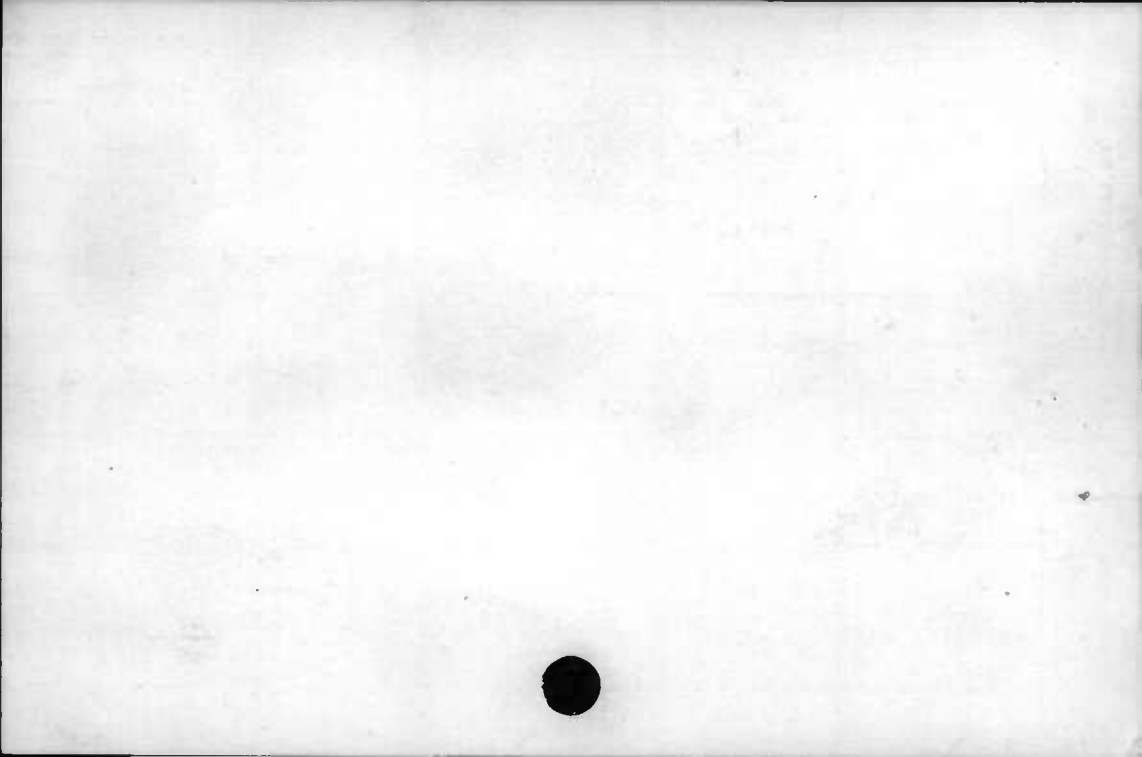
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bellows</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death	<i>1906</i>	Month <i>May</i>	Day <i>17</i>	Age <i>76</i>	Months <i>76</i> Days <i>76</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Germany</i>		
Occupation <i>Brickl. Maker</i>	Where Residing if not at place of death <i>-</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>-</i>				
Father's Name <i>-</i>			Father's Birthplace <i>-</i>		
Mother's Maiden Name <i>-</i>			Mother's Birthplace <i>-</i>		
Name of person giving information <i>JR Hager</i>			How related to deceased <i>house</i>		

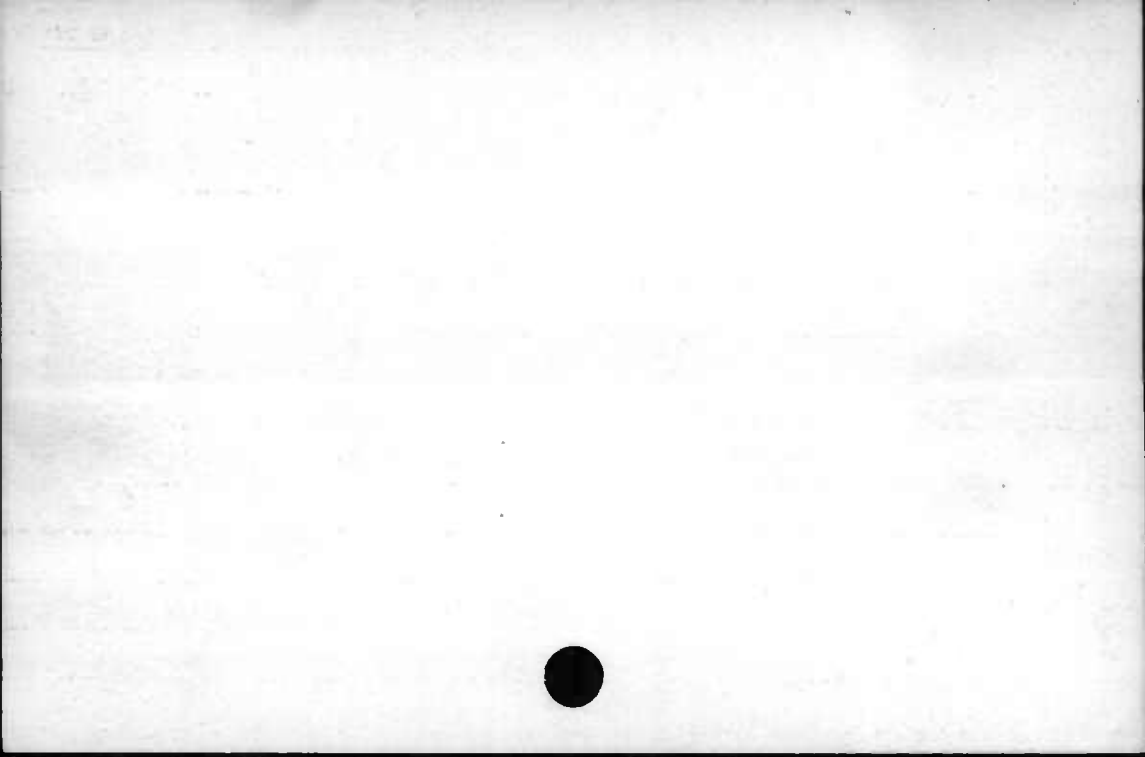
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia Pulmonalis</i>	How long <i>1 yr</i>
Immediate <i>Inanition</i>	How long <i>10 days.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>M. B. Morrison</i>
<i>no</i>	Address <i>Hagerstown Md.</i>
	Accident or Suicide? <i>no</i>



Name in Full		Serrah H Landis				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Leitersburg		Town		Washington
	County		Maryland		Died at		
	Date	1906	Month	May	Day	28th	Age
	Years	65	Months	6	Days	15	
	Sex	Female	Color or Race	White	Birth- place	Leicester, Pa.	
	Occupation	Housewife		Where Residing If not at place of death			
	Married, Single or Widowed	Married	Name of Wife or Husband		Abraham Landis		
PHYSICIAN OR CORONER	Father's Name	David Brewbaker		Father's Birthplace	Leicester, Pa.		
	Mother's Maiden Name	Elizabeth Hess		Mother's Birthplace	Leicester		
	Name of person giving In formation	Abraham Landis		How related to deceased	Husband		
	CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary	Heart Disease			(179)	How long	
	Immediate	Heart Failure				Suddenly	
	Are the name, age, sex, color, date and place correctly given above?			yes	Signature of Physician		
	A. R. Brewbaker, m.d.			Address Leitersburg Md.			
	Accident or Suicide?						



Name
in
Full

Normas Bruce Lee

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Hagerstown ^{County} Washington

MARYLAND

Date of death 1906 ^{Month} 5 ^{Day} 10 ^{Age} 28 ^{Years} 7 ^{Months} 26 ^{Days}Sex Male ^{Color or Race} White ^{Birth-place} MdOccupation Farmer ^{Where Residing if not at place of death}Married, Single or Widowed ^{Name of Wife or Husband} Lucy May Any MrFather's Name Benf. Lee ^{Father's Birthplace} MdMother's Maiden Name Elizabeth Bangsman ^{Mother's Birthplace} PaName of person giving information Lucy May Any Mr ^{How related to deceased} Thips

CAUSES OF DEATH

PHYSICIAN
OR CORONERPrimary R R Accident legs crushed ^{How long}Immediate Shock ^{How long} (66)Are the name, age, sex, color, date and place correctly given above? yn ^{Signature of Physician} E. A. Warburton

Address

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

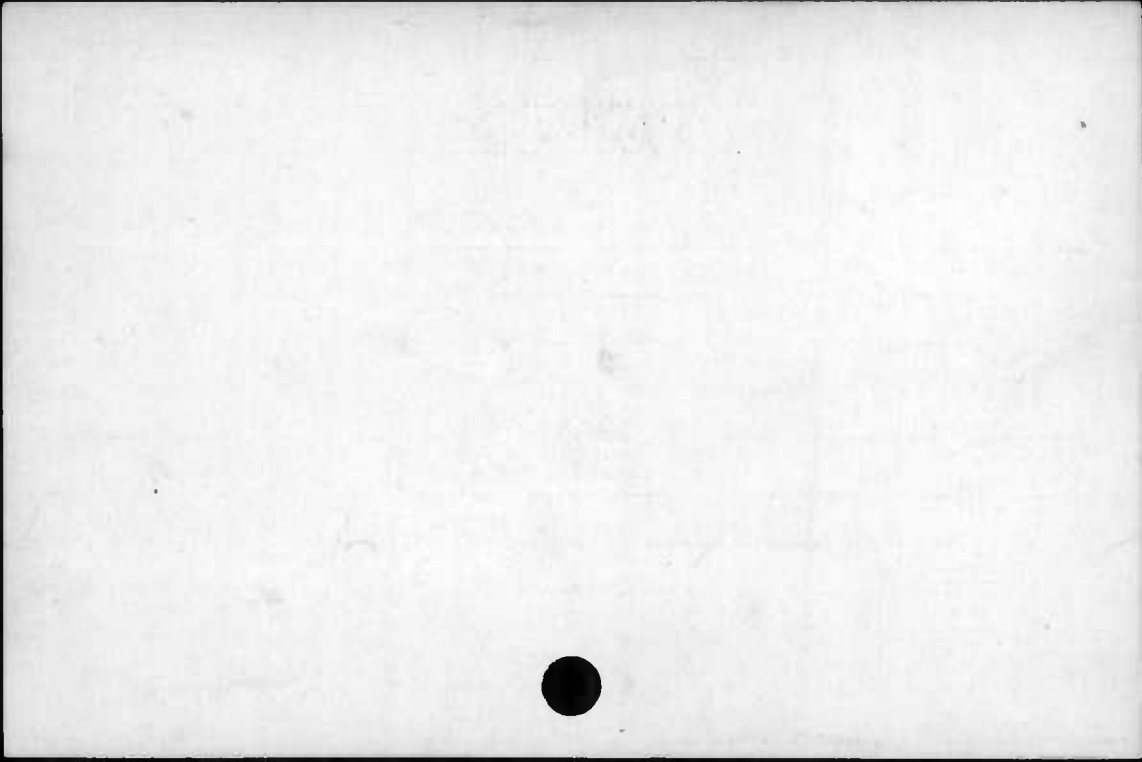
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Martha Lucille Leech</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		STATE MARYLAND	
Died at <i>Hagerstown</i>		Month <i>May</i>		Day <i>25</i>		Years <i>9</i>	
Date of death <i>1906</i>		Months <i>—</i>		Days <i>—</i>			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Ind</i>			
Occupation <i>Child</i>		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>James W Leach</i>		Father's Birthplace <i>Na</i>					
Mother's Maiden Name <i>Mary Hockman</i>		Mother's Birthplace <i>Na</i>					
Name of person giving information <i>Mary Leach</i>		How related to deceased <i>Mother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tubercular Meningitis</i>	How long <i>3 weeks</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. R. Schell</i>
	Address
Accident or Suicide? <i>No</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Leitersburg</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND			
Date of death	<i>1906</i>	Month <i>May</i>	Day <i>4</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>	Days <i>3</i>
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Leitersburg</i>
Occupation	<i>—</i>			Where Residing if not at place of death			<i>—</i>
Married, Single or Widowed	<i>X</i>		Name of Wife or Husband	<i>X</i>			
Father's Name	<i>John J. Rowman</i>					Father's Birthplace	<i>Leitersburg</i>
Mother's Maiden Name	<i>Annie Kline</i>					Mother's Birthplace	<i>Leitersburg</i>
Name of person giving information	<i>John J. Rowman</i>					How related to deceased	<i>father</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Transition, Abnormal Circulation</i>		How long	<i>—</i>
Immediate	<i>—</i>		How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>		Signature of Physician	<i>G. R. W. Wilson,</i>
			Address	<i>Leitersburg,</i>
				<i>Ind.</i>
Accident or Suicide?	<i>—</i>			



Name
in
Full

Wm Brewer M'Lune

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Hagerstown* Town *Washington* County

Date of death *1906* Month *5* Day *21* Age *89* Years Months *5* Days *10*

Sex *Male* Color or Race *White* Birth-place *Pa*

Occupation *Carpenter* Where Residing if not at place of death

Married, Single or Widowed *Widower* Name of Wife or Husband *Polly Wise*

Father's Name *Don't know* Father's Birthplace

Mother's Maiden Name Mother's Birthplace

Name of person giving information *Robert M'Lune* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Endocarditis* (79) How long *2 or 3 years*

Immediate *Yes* How long *2 mo's*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *W. B. Miller*

Address *Hagerstown Md*

Accident or Suicide?

Merensburg - Pa.

Name
in
Full

CERTIFICATE OF DEATH

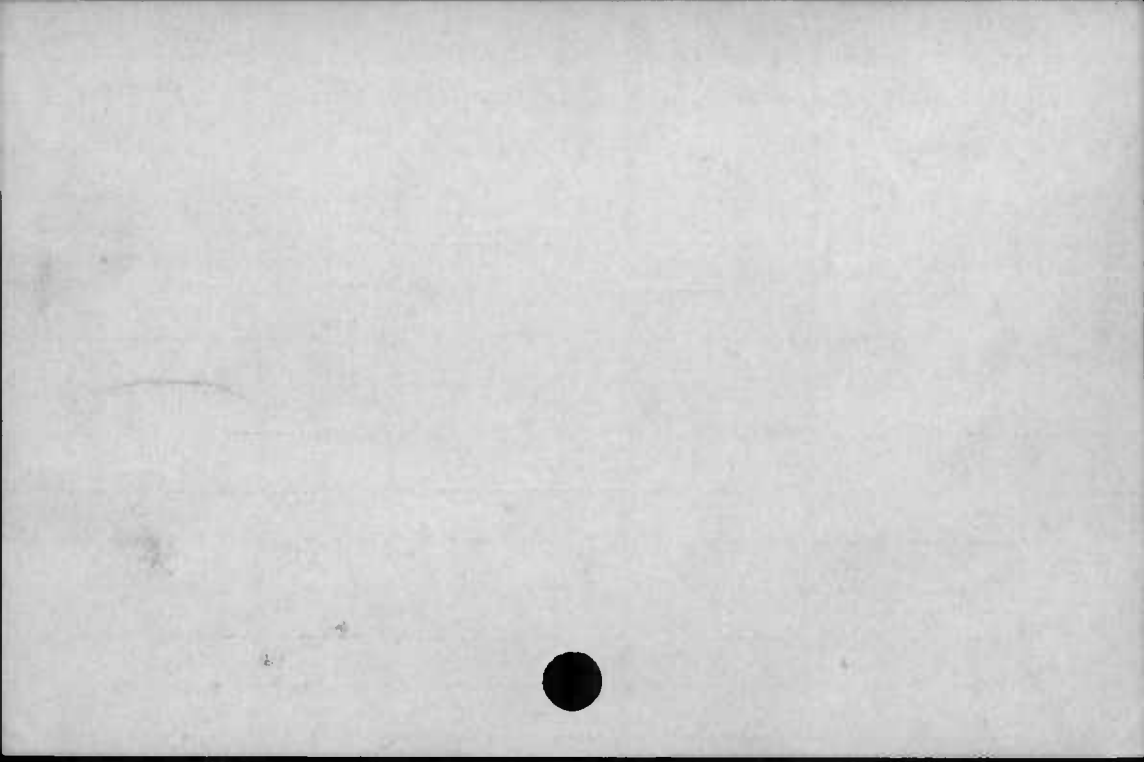
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Washington</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death	<i>1906 May</i>	Day <i>5</i>	Age <i>73</i>	Months <i>7</i>	Days <i>26</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>W. Va</i>		
Occupation		Where Residing if not at place of death			
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Thomas McKernan</i>				
Father's Name <i>John Higginston</i>	Father's Birthplace <i>W. Va</i>				
Mother's Maiden Name <i>Sarah Harding</i>	Mother's Birthplace <i>W. Va</i>				
Name of person giving information <i>Elizabeth Jones</i>	How related to deceased <i>Daughter</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Disease of Heart</i> (79)	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H. S. Hedges MD</i>
	Address <i>Brunswick Md</i>
Accident or Suicide?	



Name

In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cerebral Hemorrhage (64)	How long	—
Immediate	Asthenia	How long	3 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide?			

64 = 18 sep next—

Name
in
Full

Thomas Otho Metcalf

21/21/21
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Spicketer

Washington

Date
of death 1906

Month

May

Day

15

Age

Years

69

Months

10

Days

24

Sex

Male

Color or
Race

White

Birth-
place

Occupation

Carpenter

Where Residing if not
at place of deathMarried, Single
or Widowed

Widowed

Name of Wife or
Husband

Louisa M. Metcalf

Father's
Name

Benjamin W. Metcalf

Father's
BirthplaceMother's
Maiden Name

Secretia Farlton

Mother's
BirthplaceName of person giving
In formation

S. B. Metcalf

How related
to deceased

Son

CAUSES OF DEATH

Primary

Weak Lungs - cough

How long

Don't know

Immediate

Don't know

How long

1/2 hour

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Frank Brothers

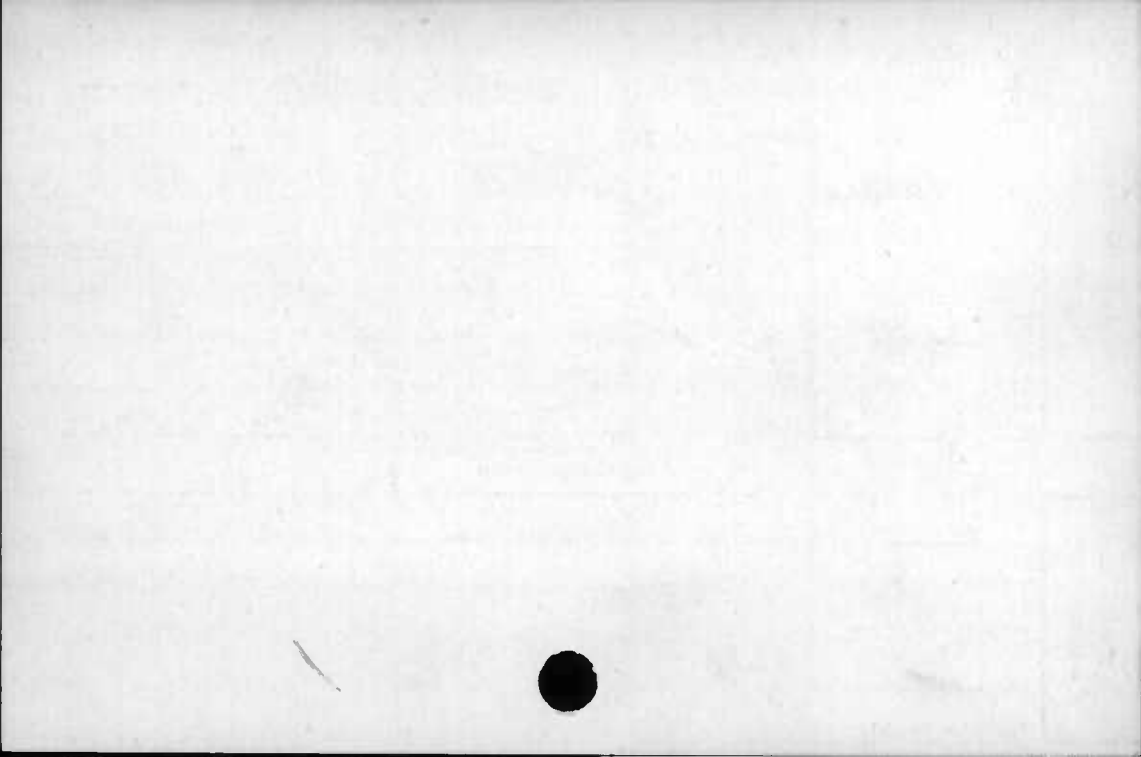
Address

Undertakers

Accident or Suicide?

No Physician in
attendance

Clear Spring Md



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Samuel Henry Miller</i>		Town <i>near Sharpsburg</i>		County <i>Washington</i>		State <i>MARYLAND</i>	
Died at		Date of death		Age		Months	
<i>near Sharpsburg</i>		<i>1906 May 22</i>		<i>71</i>		<i>4 22</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Sharpsburg</i>			
Occupation <i>Retired Farmer</i>				Where Residing if not at place of death <i>_____</i>			
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>_____</i>					
Father's Name <i>Jacob Miller</i>		Father's Birthplace <i>Pa</i>					
Mother's Maiden Name <i>Catharine Rentsch</i>		Mother's Birthplace <i>Ind</i>					
Name of person giving information <i>Sylvilla Miller</i>		How related to deceased <i>Sister</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic Bronchitis & Malignant Tumor of the neck</i>		How long <i>For several yrs</i>	
Immediate <i>Exhaustion</i>		How long <i>_____</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>C. Howard Gardner</i>	
		Address <i>Sharpsburg Md</i>	
Accident or Suicide? <i>_____</i>			

Eugene Markes,
Undertaker,

Name
in
Full

Valna Alice Myers

CERTIFICATE OF DEATH

Died at Clear Spring

Town

Washington

County

MARYLAND

Date
of death 1906

Month

5

Day

15

Age

Years

57

Months

Days

Sex Female

Color or
Race

White

Birth-
place

Clear Spring

Occupation

Housewife

Where Residing if not
at place of death

Clear Spring

~~Married~~ SingleName of Wife or
HusbandFather's
Name

Emanuel Myers

Father's
Birthplace

Washington Co.

Mother's
Maiden Name

Pamson Myers

Mother's
Birthplace

Pa.

Name of person giving
Information

Sallie Miller

How related
to deceased

Daughter

CAUSES OF DEATH

Primary

Bronchitis

How long

One month

Immediate

Heart failure

How long

Twenty four hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Abraham Shank

Address

Clear Spring
Washington Co.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name

In Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i> <small>Town</small>		<i>Washington</i> <small>County</small>		MARYLAND	
Date of death	1906	Month	5	Day	23
Age	64	Years		Months	
Sex	Male	Color or Race	White	Birth-place	Ind
Occupation	Laborer	Where Residing if not at place of death			
Married, Single or Widowed	Widowed	Name of Wife or Husband			
Father's Name	<i>John Howell</i>			Father's Birthplace	Ind
Mother's Maiden Name	<i>Rebecca Thomas</i>			Mother's Birthplace	Ind
Name of parson giving information	<i>Gilbert Howell</i>			How related to deceased	Brother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Anthrax of Lungs</i>	How long	<i>6 mrs</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>M. B. Morrison</i>
	<i>no</i>	Address	<i>Hagerstown Md</i>
Accident or Suicide?	<i>no</i>		

by - man
Williams

Name
in
Full

CERTIFICATE OF DEATH

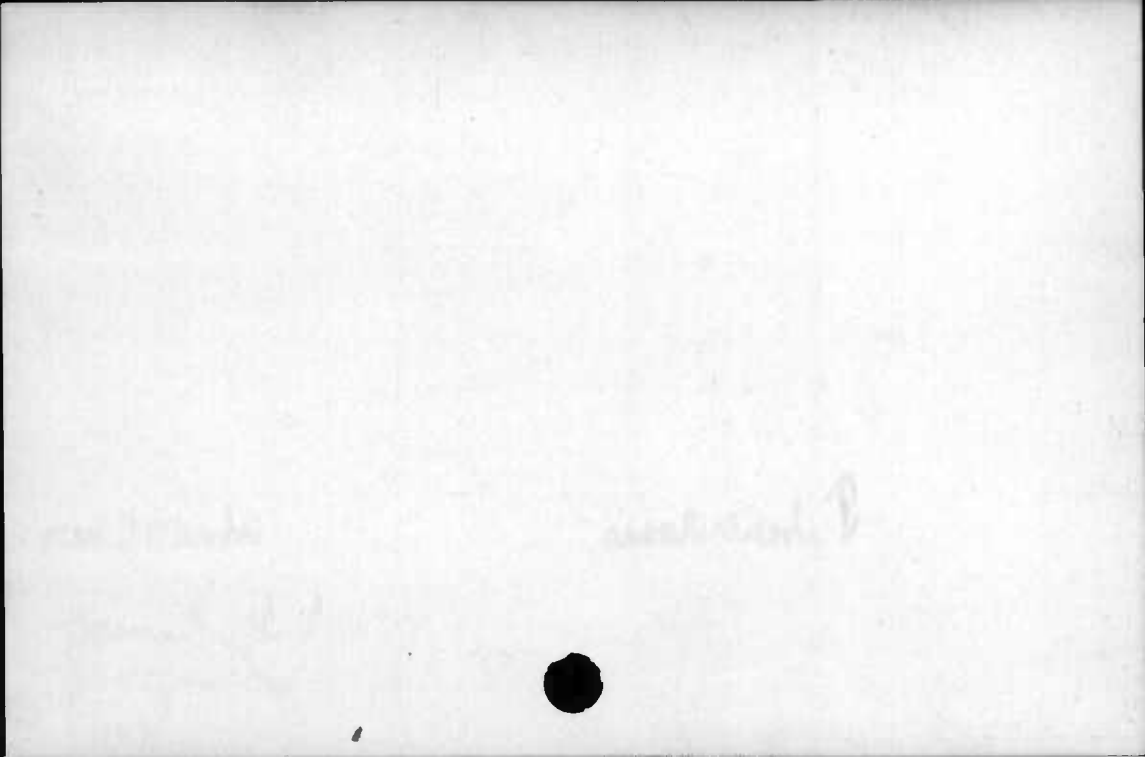
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Tilghmanston</i>		County <i>Washington</i>		State MARYLAND	
Date of death	1906	Month 5-	Day 29	Age 74	Years 4	Months 10	Days -
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	
Occupation	<i>Farmer</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Widower</i>		Name of Wife or Husband <i>Sarah Jones</i>				
Father's Name	<i>Joseph Palmer</i>				Father's Birthplace		
Mother's Maiden Name	<i>Sarah Inoale</i>				Mother's Birthplace		
Name of person giving information	<i>David Palmer</i>				How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Chronic Nephritis</i>		How long	<i>3 years</i>
Immediate	<i>Sudden Heart Failure</i>		How long	<i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	Signature of Physician <i>U. M. Reichard</i>	
			Address <i>Hairplay</i>	
<input checked="" type="checkbox"/> Accident or Suicide				



Name in Full		Marry Sophie Piper				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Sharpshurg		Washington		MARYLAND
	Date of death	1906	Month	May	Day	20	Age 82
					Months	6	Days 13
	Sex	Female		Color or Race	White		Birthplace
	Occupation		Bakersville Ma				
			Where Residing if not at place of death				
TO BE ANSWERED BY NEAREST FRIEND	Married, Single or Widowed		Name of Wife or Husband				
			Samil I. Piper Deed				
	Father's Name		Elias Baker		Father's Birthplace		near Bakersville
	Mother's Maiden Name		Ann Took		Mother's Birthplace		Murcensville Md
	Name of person giving information		Chas. Piper		How related to deceased		Son
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Tuberculosis		(21)		How long
							about 16 mos
	Immediate						
	Are the name, age, sex, color, date and place correctly given above?		ye.		Signature of Physician		E. J. G. Gannett
					Address		Sharpshurg, Md
Accident or Suicide?							

Chas. S. Wade.
Undertaker

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Mary Ann Porter</i>		Town <i>Wagons town</i>		County <i>Wash.</i>		State MARYLAND	
Died at		Month <i>5</i>		Day <i>19</i>		Age <i>77</i>	
Date of death <i>1906</i>		Years <i>77</i>		Months <i>—</i>		Days <i>—</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Md.</i>			
Occupation <i>B. W.</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>widow</i>		Name of Husband <i>Charles W. Porter.</i>					
Father's Name <i>Stiffler</i>		Father's Birthplace <i>—</i>					
Mother's Maiden Name <i>Mary</i>		Mother's Birthplace <i>—</i>					
Name of person giving information <i>Mrs Annie Maisack</i>		How related to deceased <i>Daughter.</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Chronic Nephritis & Endocarditis</i>	How long	<i>5 or 6 years</i>
Immediate	<i>Exhaustion</i>	How long	<i>(20)</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Victor D. Miller, Jr.</i>	
<i>72</i>		Address <i>Wagons town Md.</i>	
Accident or Suicide?		<i>no -</i>	

Shapobury

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Elys W. May* Town *Hagerstown* County *Washington* MARYLAND

Died at *Hagerstown*

Date of death *1906* Month *5* Day *16* Age *29* Years *5* Months *27* Days

Sex *Male* Color or Race *White* Birth-place *MD*

Occupation *Silk Weaver* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Ara N. Tompkins*

Father's Name *Samuel May* Father's Birthplace *MD*

Mother's Maiden Name *Sarah Hays* Mother's Birthplace *MD*

Name of person giving information *Sarah May* How related to deceased *Mother*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Tuberculosis* (27) How long *4 yrs*

Immediate

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *S. H. Urmetat MD*

Address *Hagerstown MD*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

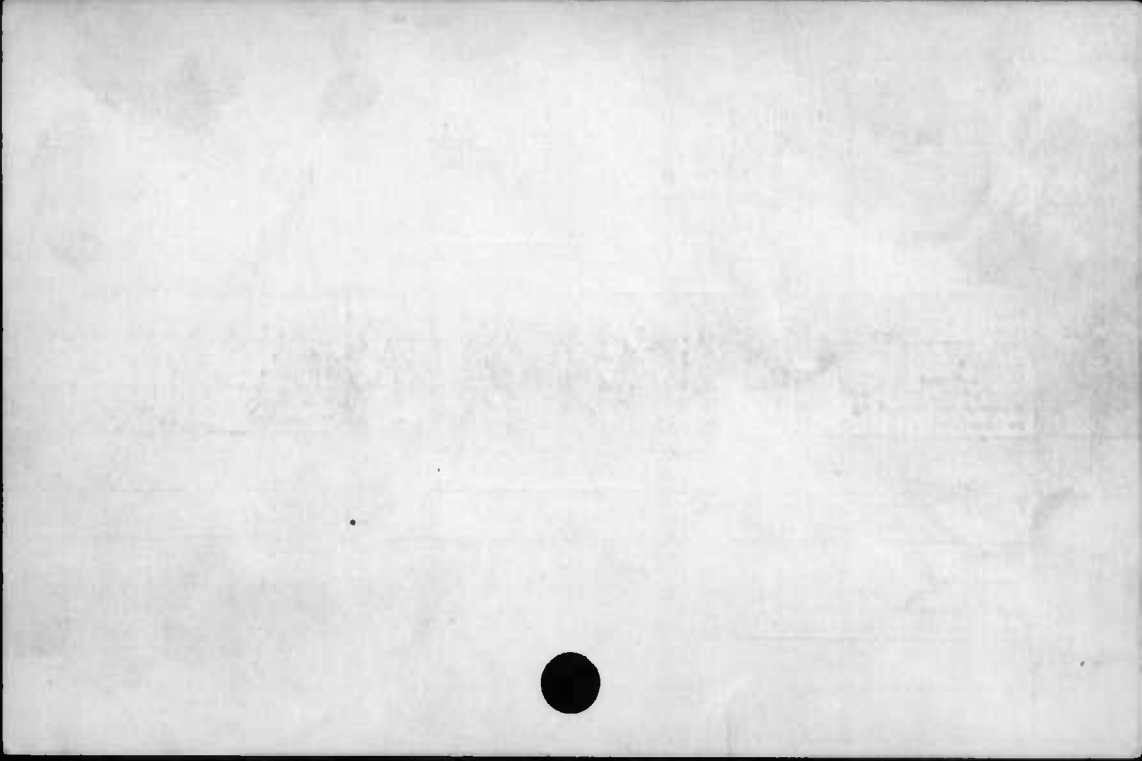
TO BE ANSWERED BY
NEAREST FRIEND

John Henry Ridenour		Washington		MARYLAND	
Died at Chewsville		County		Washington	
Date of death	1906	Month	May	Day	12
Age		54		Years	
Sex	Male	Color or Race	white	Birth-place	Fredricks Co
Occupation	Laborer		Where Residing if not at place of death Chewsville		
Single		Name of Wife or Husband			
Father's Name	Jacob Ridenour			Father's Birthplace	Maryland
Mother's Maiden Name	Susan Jfert			Mother's Birthplace	
Name of person giving information	Lizzie Ridenour			How related to deceased	Brother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Chronic Nephritis	How long	2 Months
Immediate	Arteriosclerosis	How long	18 hours
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Stuart Quinn M.D.
		Address	Chewsville Washington Md.
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Henry Rohrer

Died at *Wagerstown* ^{Town}*Wash* ^{County}

MARYLAND

Date
of death *1906*Month *5*Day *24*Age *82* ^{Years}Months *4*Days *23*Sex *male*Color or
Race *white*Birth-
place *Lancaster Co. Pa.*Occupation
*Retired Farmer*Where Residing if not
at place of deathMarried, Single
or Widowed *widower*Name of Wife *Mrs Rebecca Rohrer*Father's
Name *Henry Rohrer*Father's
Birthplace *Penna.*Mother's
Maiden Name *Elizabeth Kendig*Mother's
Birthplace *Id.*Name of person giving
information *S. C. Rohrer*How related
to deceased *son*

CAUSES OF DEATH

Primary *Senility*

How long

Immediate *Exhaustion*

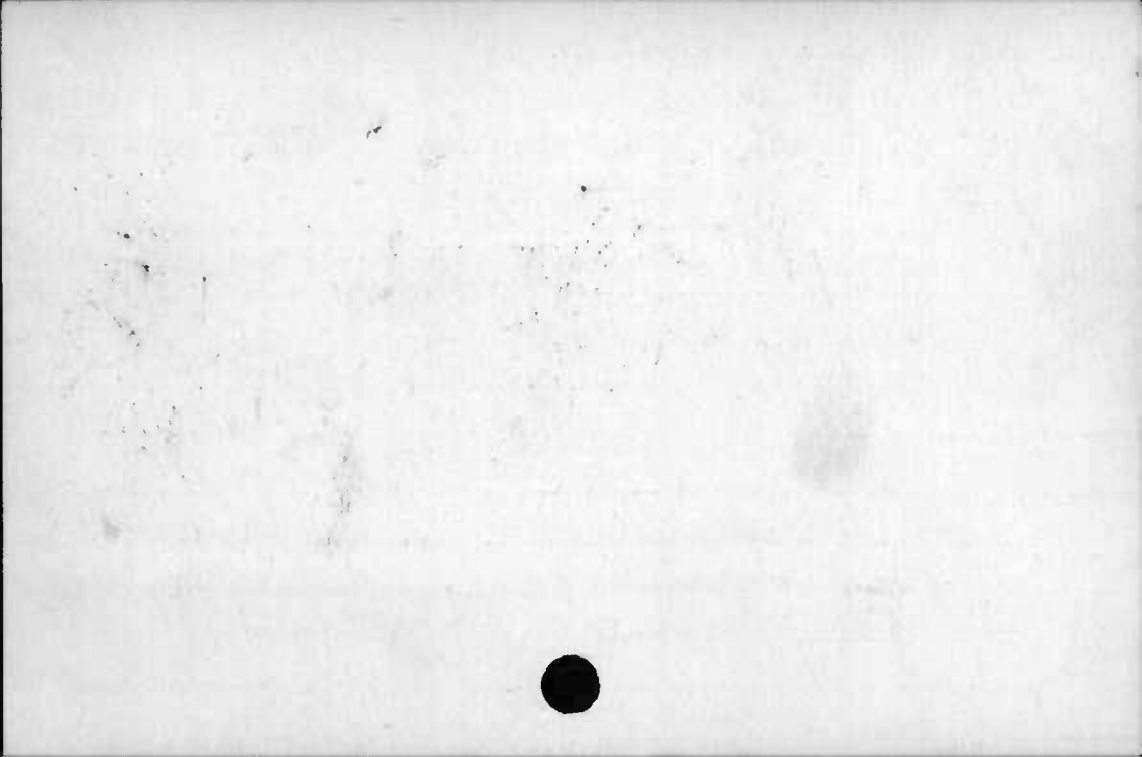
How long

Are the name, age, sex, color, date
and place correctly given above? *yes*Signature of
Physician *W. B. Morrison*

Address

*Wagerstown
Md.*

Accident or Suicide?



Name
in
Full

Mrs Edith Saylor

CERTIFICATE OF DEATH

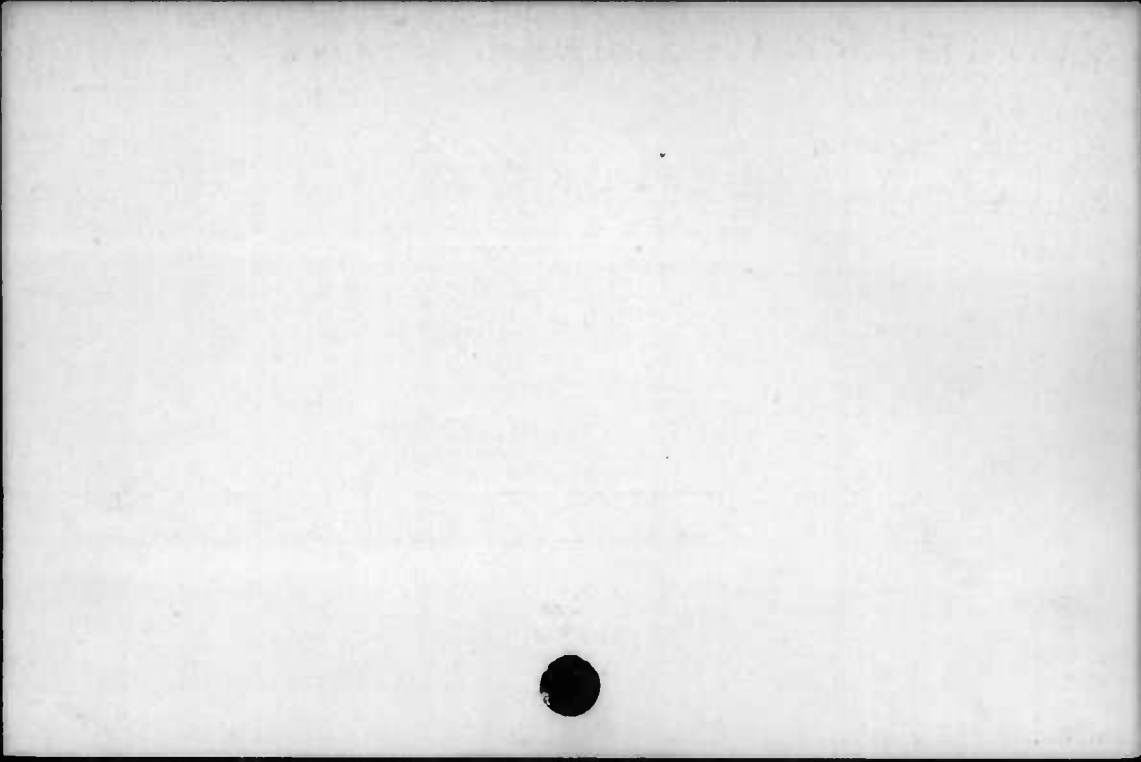
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Steeleton</i>		^{County} <i>Decapolis</i>		<i>Cenusa</i> MARYLAND	
Date of death	1906	Month	5	Day	20
Age	23	Years	23	Months	5
Sex	Female	Color or Race	White	Birth-place	MD.
Occupation	Ho. W.		Where Residing if not at place of death		
Married, Single or Widowed	married		Name of Wife Husband <i>Chas F. Saylor</i>		
Father's Name	<i>William Schleigh</i>		Father's Birthplace <i>MD.</i>		
Mother's Maiden Name	<i>Jennie Boward</i>		Mother's Birthplace <i>MD.</i>		
Name of person giving information	<i>Frank Schleigh</i>		How related to deceased <i>brother</i>		

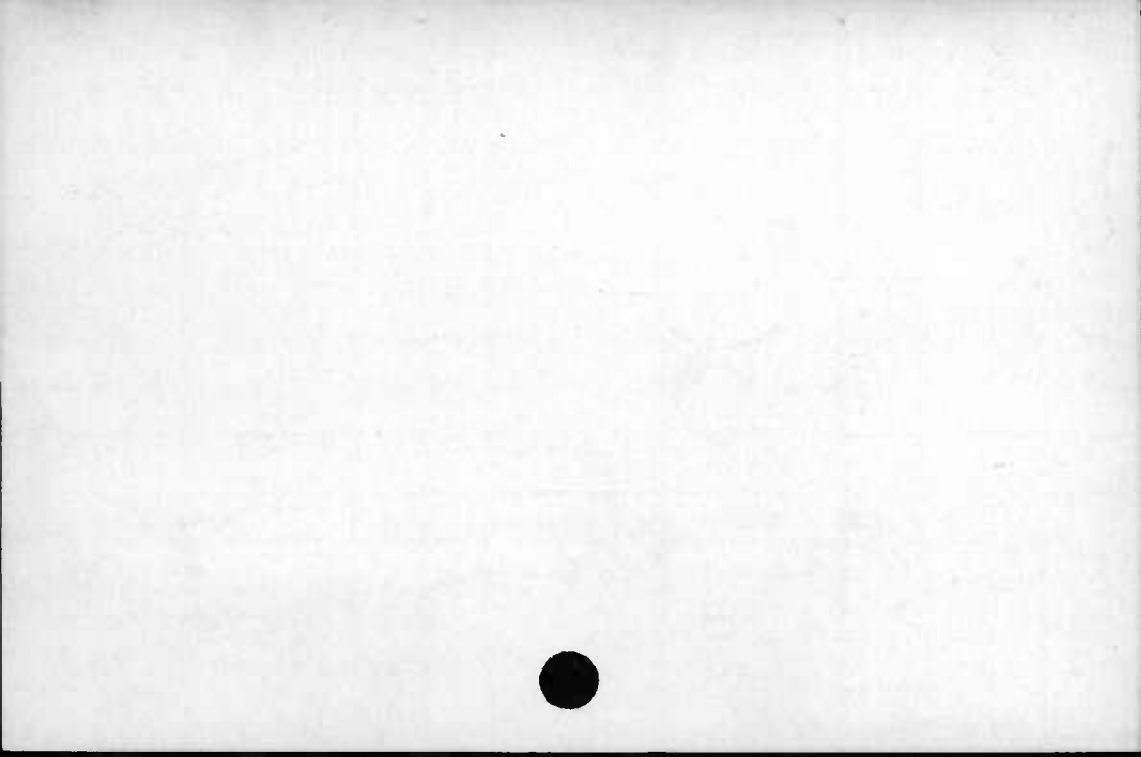
CAUSES OF DEATH

PHYSICIAN
OR CORONER

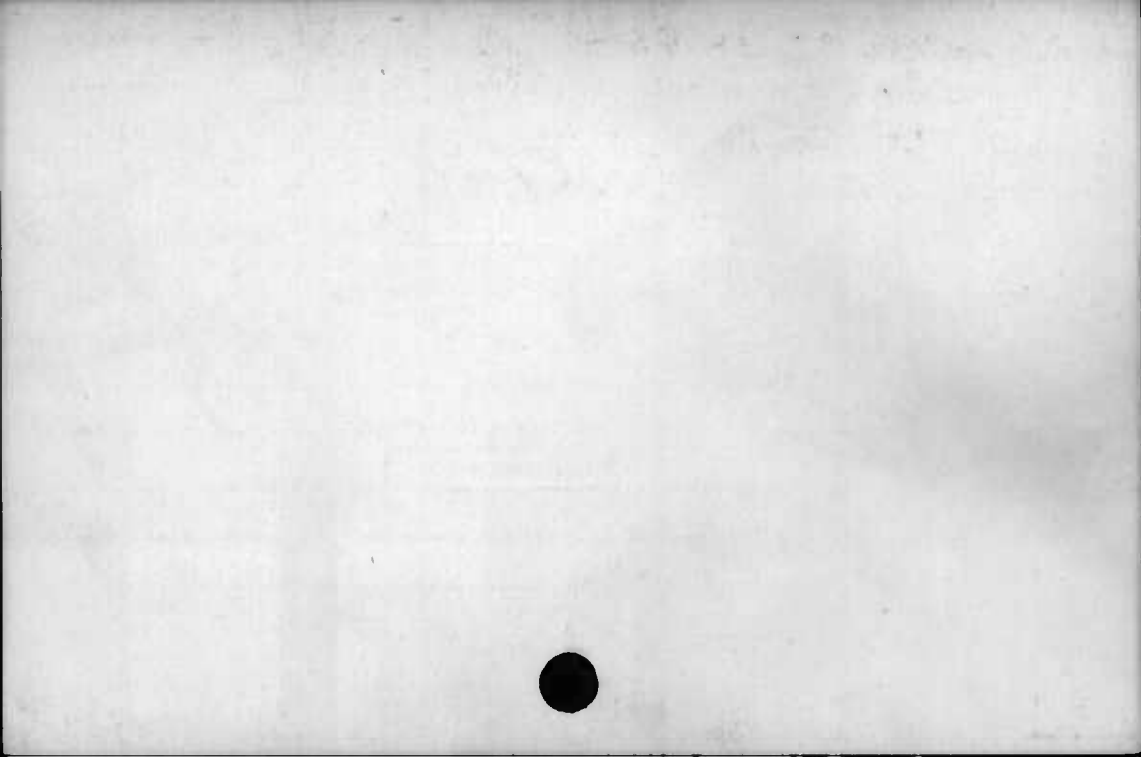
Primary	<i>Heart Failure</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of <i>Wm Suter & Son</i> Address <i>Wagertown MD</i>
Accident or Suicide?		



Name in Full		Catherine Shank				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at ^{Town} Big Spring		^{County} Wash		MARYLAND		
		Date of death 1906		Month 5	Day 11	Age 72	Months 6	Days 15
		Sex Female		Color or Race White		Birth-place Pa		
		Occupation Housewife		Where Residing if not at place of death Hagerstown Md				
		Married, Single or Widowed Widow		Name of Wife or Husband Henry Shank				
		Father's Name David Hertman		Father's Birthplace Md				
		Mother's Maiden Name Miss Zimmerman		Mother's Birthplace Pa				
		Name of person giving information Annie C. Shank		How related to deceased Daughter				
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary Acute nephritis		How long 119		Unknown		
		Immediate Heart failure		How long				
		Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Abraham Shank				
				Address Clear Spring				
				Washington Co.				
Accident or Suicide?								



Name in Full		Elizabeth W. Simmons				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County	Jenn -MARYLAND		
		Date of death		Month	Day	Age	Years	
		Sex		Color or Race	Birth-place		Months	Days
		Occupation		Where Residing if not at place of death				
		Married, Single or Widowed		Name of Wife or Husband				
Father's Name		J. D. Simmons				Father's Birthplace		
Mother's Maiden Name		Elizabeth Goober				Mother's Birthplace		
Name of person giving information		Cyrus Simmons				How related to deceased		
		brother						
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary				How long		
		Immediate				How long		
		Are the name, age, sex, color, date and place correctly given above?						
		Signature of Physician				Address		
		Accident or Suicide?						



Name in Full		John Smith				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Bellevue		Washington		MARYLAND
	Date of death	1906	Month	May	Day	22	Age
					Years	50	Months
					Days		
	Sex	Male		Color or Race	White		Birth-place
	Occupation		Laborer		Where Residing if not at place of death		
	Married, Single or Widowed		Married		Name of Wife or Husband		
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased					
<div style="text-align: center;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary		Disease of Heart (Mitral insufficiency)			How long	
						2 yrs.	
	Immediate		Pulmonary Oedema			How long	
						1 hour	
	Are the name, age, sex, color, date and place correctly given above?		yes			Signature of Physician	
					M.D. Morrison		
					Address		
					Hagerstown Md		
Accident or Suicide?		no.					



Name
in
Full

CERTIFICATE OF DEATH

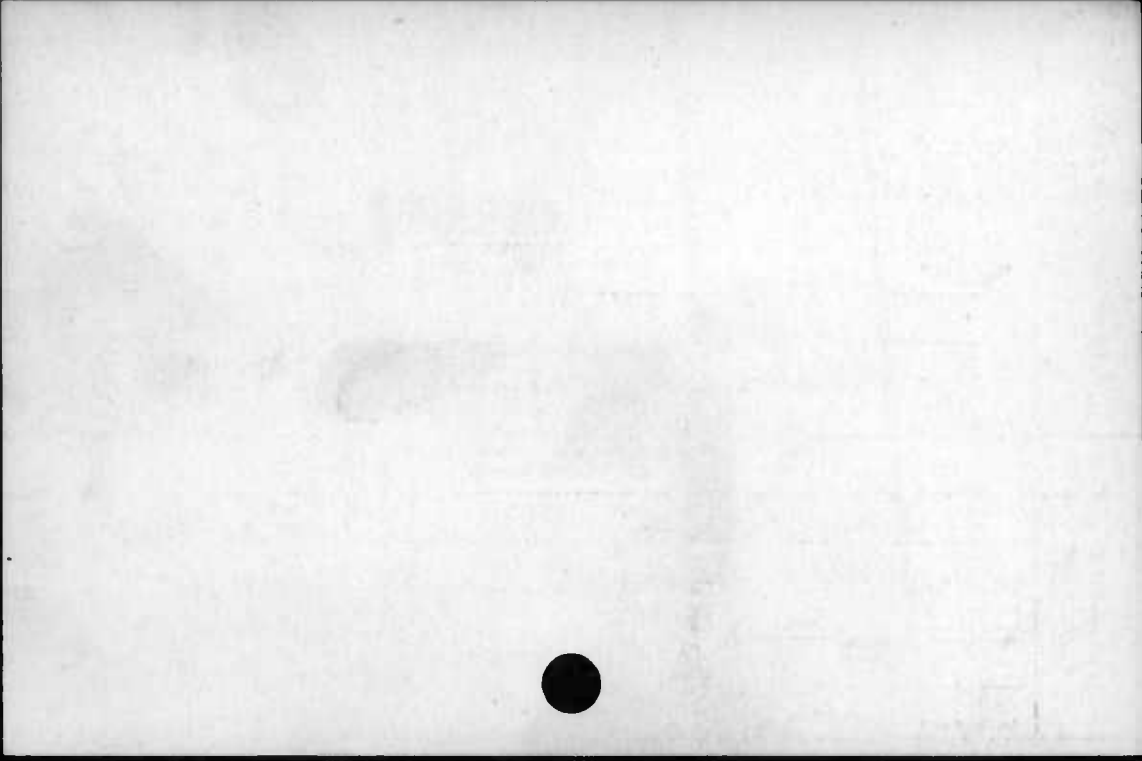
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Date of death		Month <i>May</i>	Day <i>7</i>	Age	Years <i>59</i>	Months <i>-</i>	Days <i>-</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Pa</i>			
Occupation <i>Housewife</i>				Where Residing if not at place of death <i>-</i>			
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Geo. W. Stanton</i>					
Father's Name <i>Moses L. Alexander</i>		Father's Birthplace <i>Pa.</i>					
Mother's Maiden Name <i>Eliza Maubel</i>		Mother's Birthplace <i>Pa</i>					
Name of person giving information <i>Orcy A. Patterson</i>		How related to deceased <i>Grandson</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Chronic Endocarditis</i>	How long	<i>do not know</i>
Immediate	<i>Pulmonary Embolism</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>D. M. Waggoner</i>	
		Address	
		<i>Hagerstown, Md.</i>	
Accident or Suicide? <i>No</i>			



Name
in
Full

Mary Catherine Taylor

CERTIFICATE OF DEATH

Died at

Keadysville

Town

Washington

County

State

MARYLAND

Date

of death 1906

Month

5

Day

6

Age

Years

64

Months

2

Days

24

Sex

Female

Color or
Race

White

Birth-
place

Keadysville

Occupation

House Wife

Where Residing if not
at place of deathMarried, ~~Single~~as ~~widow~~Name of Wife or
Husband

Lepta H Taylor

Father's
Name

Ezra Baker

Father's
Birthplace

Keadysville

Mother's
Maiden Name

Katherine Linn

Mother's
Birthplace

Keadysville

Name of person giving
Information

C Baker Taylor

How related
to deceased

Son

CAUSES OF DEATH

Primary

Uremia

How long

4 years

Immediate

Cerebral Hemorrhage

How long

5 hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

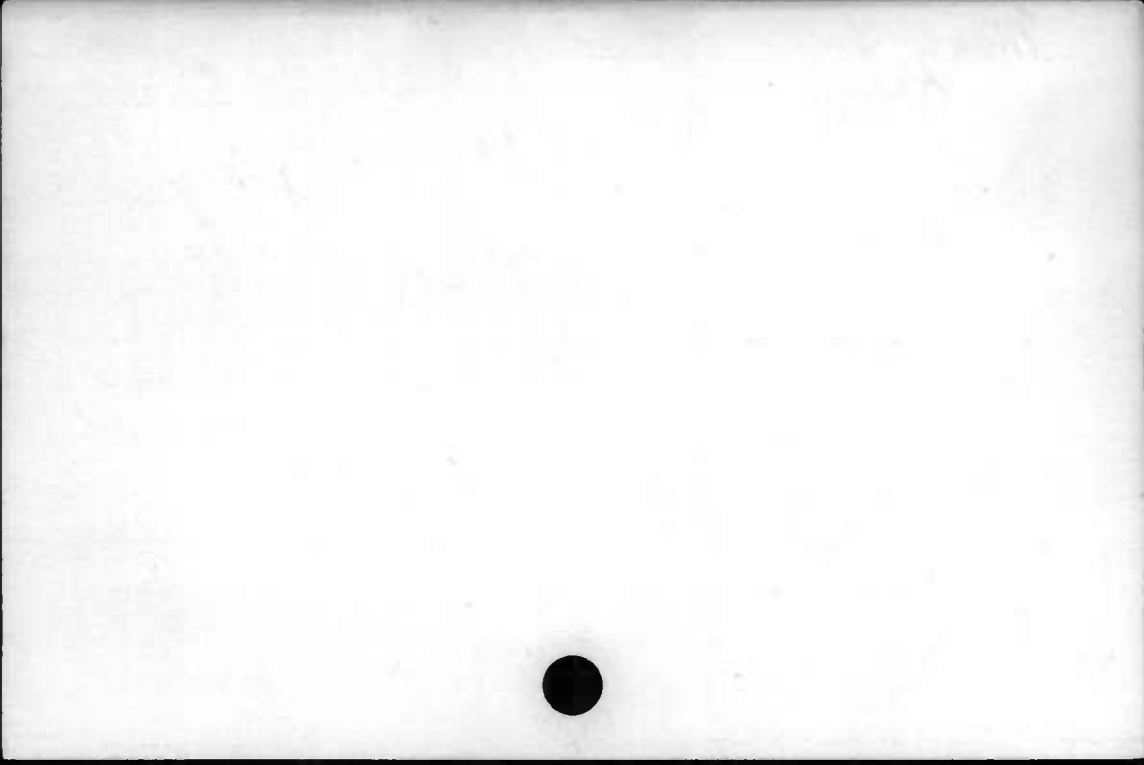
Signature of
Physician

H. M. Nikiser

Address

Keadysville Md

~~Accident or Suicide?~~TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Charlotte Taylor No 298

CERTIFICATE OF DEATH

Died at Cedar Grove

Town

Washington

County

MARYLAND

Date of death 1906 May

Month

Day 2

Age

Years 71

Months -

Days 1

Sex Female

Color or
Race

White

Birth-
place

Washington Co

Occupation

Housekeeper

Where Residing if not
at place of deathMarried, Single
or Widowed

Widow

Name of Wife or
Husband

Mrs Taylor

Father's
Name

Washington D.C.

Father's
Birthplace

Md

Mother's
Maiden Name

Eliza Good

Mother's
Birthplace

Md

Name of person giving
information

Allen Taylor

How related
to deceased

Son

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary

General debility

How long

Six months

Immediate

Heart failure

How long

one hour

Are the name, age, sex, color, date
and place correctly given above?

Yes

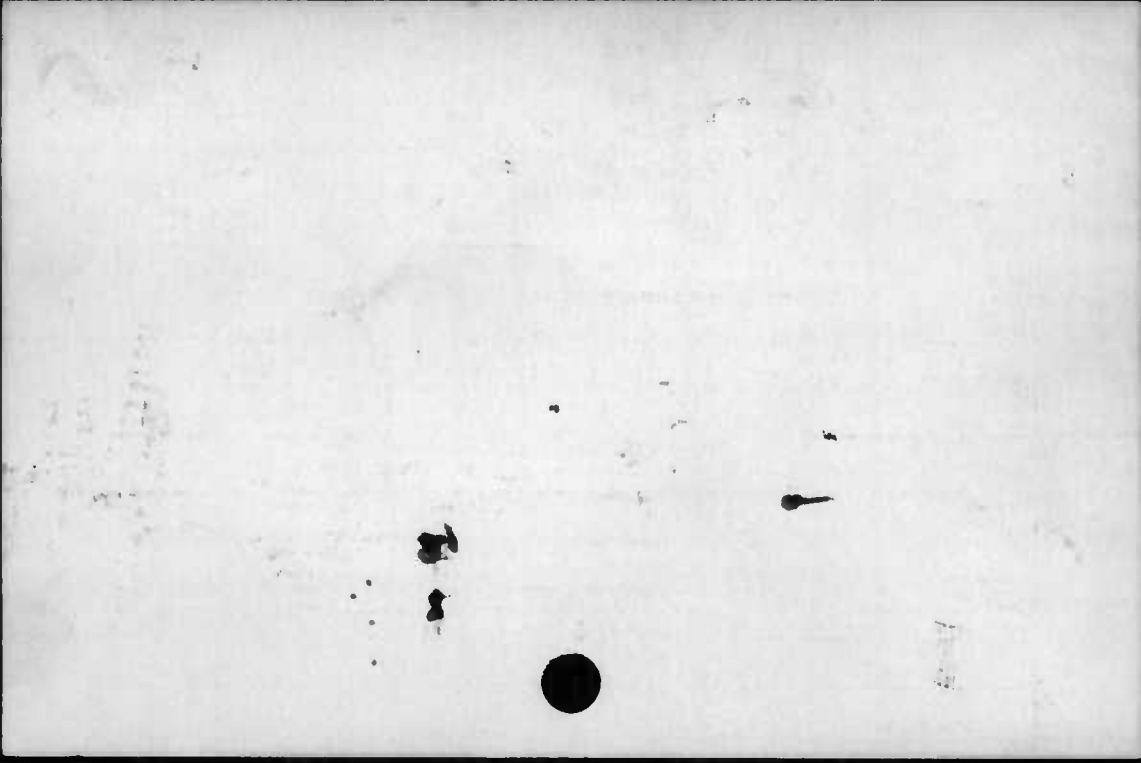
Signature of
Physician

Address

Wm. Richardson
Williamsport Md.

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

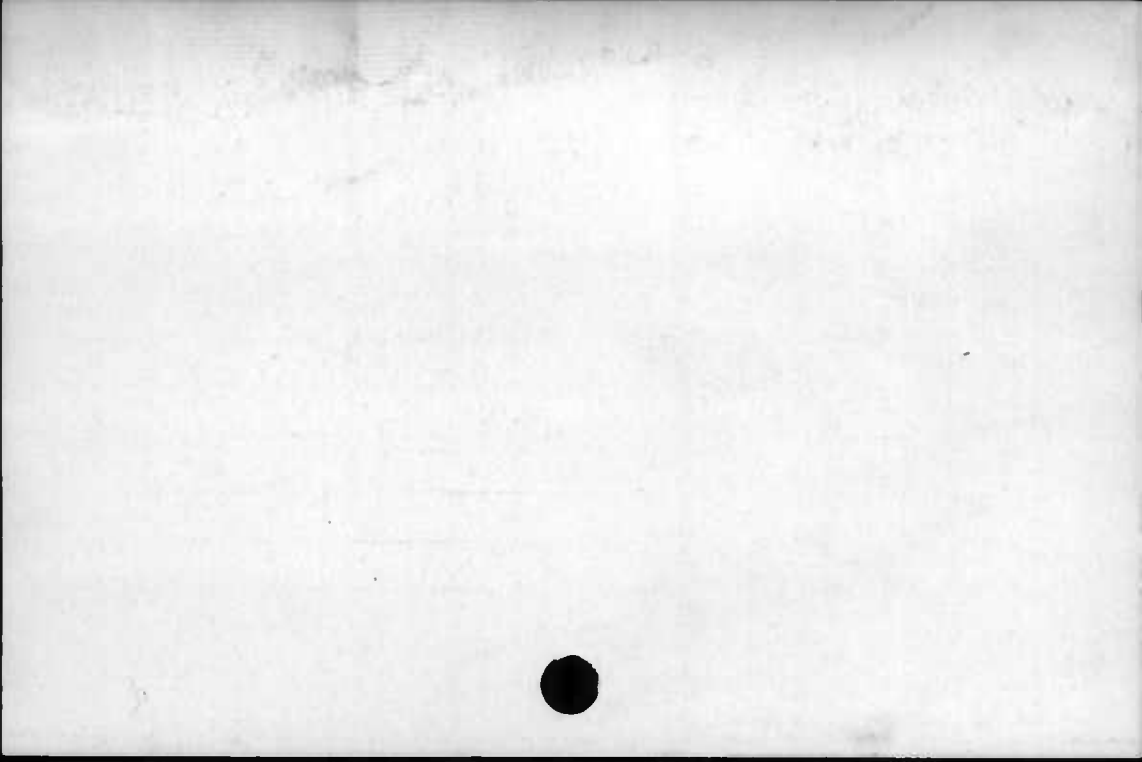
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>New Hope</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death	<i>1906</i>	Month <i>5</i>	Day <i>13</i>	Age <i>80</i> Years	Months <i>11</i> Days <i>24</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Tilghmanston</i>		
Occupation <i>Housekeeper</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Jacobus Taylor</i>				
Father's Name <i>Nathan Plifer</i>	Father's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>Elizabeth Long</i>	Mother's Birthplace <i>..</i>				
Name of person giving information <i>Wm. H. Taylor</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Senile Debility</i>	How long <i>10 days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>U. M. Reichard</i>
	Address <i>Bairplay.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *James E Thompson* Town *Haystack* County *Washington*
Died at *Washington* MARYLAND
Date of death 190*6* Month *5-* Day *7* Age *23* Years Months *-* Days *-*
Sex *Male* Color or Race *Colored* Birth-place *Na*
Occupation _____ Where Residing if not at place of death _____
Married, Single or Widowed *Married* Name of Wife or Husband *Cordia Thompson*
Father's Name *James J Thompson* Father's Birthplace *Na*
Mother's Maiden Name *Adella Jones* Mother's Birthplace *Na*
Name of person giving information *Cordia Thompson* How related to deceased *Wife*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Laceration to knee. Lacerated wound.* How long *10 days.*
Immediate *Septicemia* How long *3 days.*
Are the name, age, sex, color, date and place correctly given above? *yes*
Signature of Physician *Victor D. Smith*
Address _____
Accident or Suicide? *accident*

Handwritten text, possibly a signature or name, oriented vertically on the right side of the page.



Name
in
Full

Wm H Irving

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagers town</i>		County <i>Washington</i>		MARYLAND	
Date of death	Month	Day	Years	Months	Days
<i>1906</i>	<i>5</i>	<i>26</i>	<i>54</i>	<i>11</i>	<i>14</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Md</i>		
Occupation <i>Organ Builder</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Amanda C. Hartman</i>				
Father's Name <i>John Irving</i>	Father's Birthplace <i>Md</i>				
Mother's Maiden Name <i>Ellen Leonard</i>	Mother's Birthplace <i>Md</i>				
Name of person giving information <i>Amanda C. Irving</i>	How related to deceased <i>Wife</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bright's Disease</i>	How long <i>175</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>A. D. Harper</i>
	Address
Accident or Suicide?	



Name

in
Full

CERTIFICATE OF DEATH

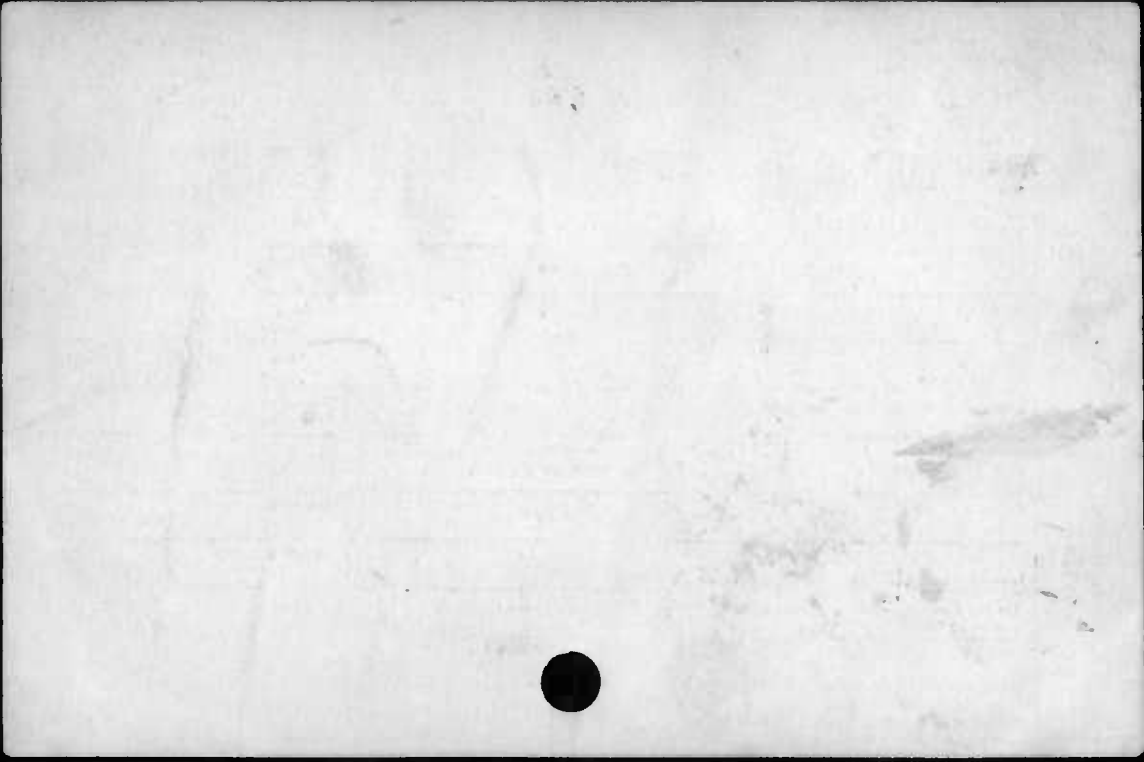
TO BE ANSWERED BY
NEAREST FRIEND

Still Born child of Harry Wallace		Town		County		Died at		Hagerstown Washington		MARYLAND	
Date of death		1906		Month		5		Day		30	
Age		Years		Months		Days					
Sex		Male		Color or Race		White		Birth-place		Md	
Occupation				Where Residing if not at place of death							
Married, Single or Widowed				Name of Wife or Husband							
Father's Name		H. L. Wallace		Father's Birthplace		Md					
Mother's Maiden Name		Edith M. Fleet		Mother's Birthplace		Va					
Name of person giving information				How related to deceased							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Still Born		How long	
Immediate		Still Born		How long	
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician	
				J. E. Pitsenogle	
				Address	
Accident or Suicide?					



Name
in
Full

CERTIFICATE OF DEATH

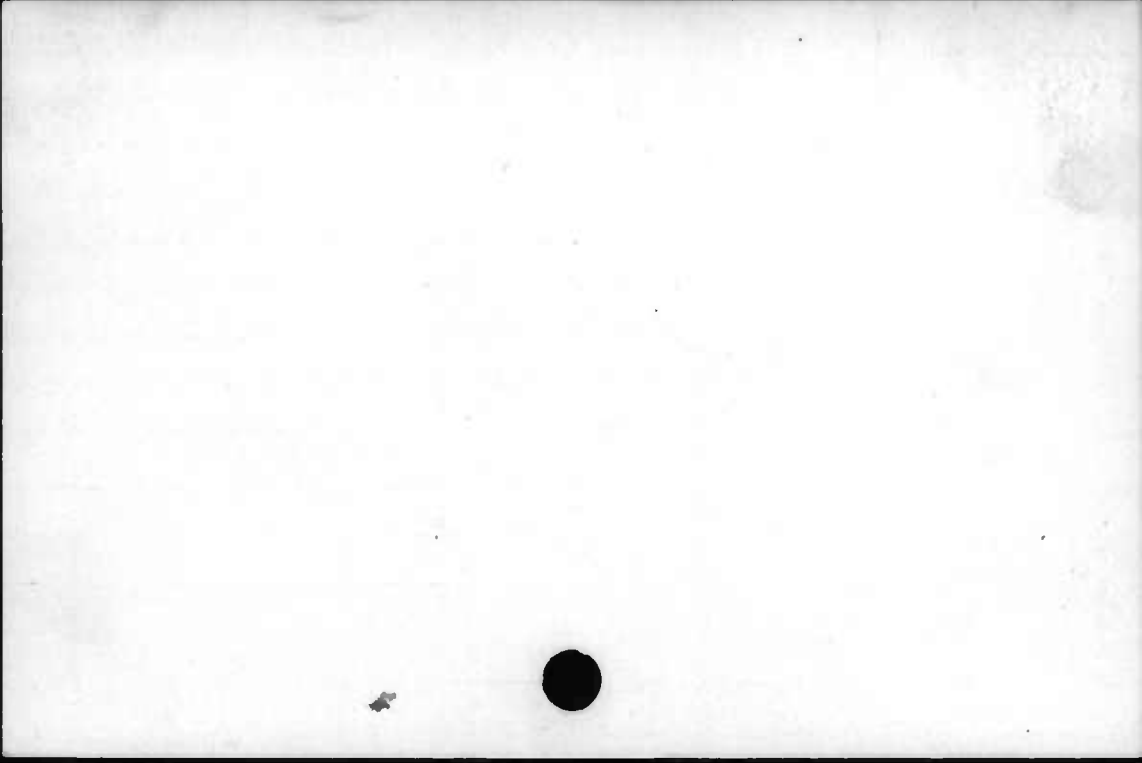
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Mary Webb</i>		Town <i>Big Spring</i>		County <i>Washington</i>		State <i>MARYLAND</i>	
Died at <i>Big Spring</i>		Month <i>May</i>		Day <i>5</i>		Age <i>81</i>	
Date of death <i>1906 May 5</i>		Years <i>81</i>		Months <i>11</i>		Days <i>11</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Ind</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>George Webb</i>					
Father's Name <i>John Smith</i>		Father's Birthplace <i>Mo</i>					
Mother's Maiden Name <i>Mary Smith</i>		Mother's Birthplace <i>Ind</i>					
Name of person giving information <i>Mrs Georgia Grove</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cancer of Stomach</i>	How long	<i>One year</i>
Immediate	<i>Exhaustion</i>	How long	<i>One month</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Abraham Shank</i>	
		Address <i>Clear Spring Washington Co.</i>	
Indicate Cause of Death?			



Name
in
Full

CERTIFICATE OF DEATH

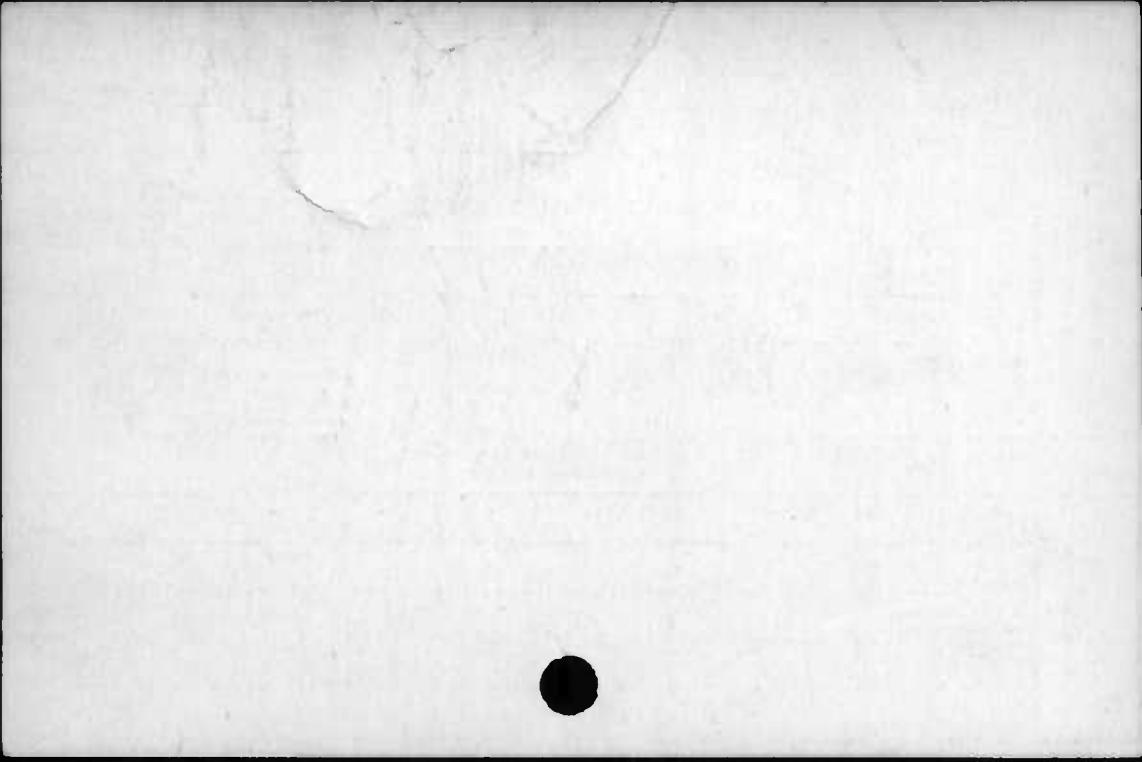
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>William M. Weller</i>		Town <i>Hagerstown</i>		County <i>Wash</i>		MARYLAND	
Died at <i>Hagerstown</i>		Month <i>5</i>		Day <i>4</i>		Years <i>70</i>	
Date of death <i>1906</i>		Month <i>5</i>		Day <i>4</i>		Age <i>70</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birthplace <i>Va</i>		Months —	
Occupation <i>Blacksmith</i>		Where Residing if not at place of death —		Days —		—	
Married, Single or Widowed <i>widower</i>		Name of Wife <i>Mrs Mary Cunningham Weller</i>		Father's Birthplace <i>Va.</i>		Mother's Birthplace <i>Md.</i>	
Fether's Name <i>John C Weller</i>		Mother's Maiden Name <i>Sarah Martin</i>		How related to deceased <i>son</i>		—	
Name of person giving information <i>Wm Weller</i>		—		—		—	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute Indigestion</i>	How long —
Immediate <i>Exhaustion</i>	How long —
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. Martin</i>
—	Address —
Accident or Suicide? —	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		May	29	68	6	15	
Sex	Male	Color or Race	White	Birth-place	No		
Occupation	Labor			Where Residing if not at place of death	Leitersburg		
Married, Single or Widowed	Widow		Name of Wife or Husband	James O. Wise			
Father's Name	George. Wise.			Father's Birthplace	No		
Mother's Maiden Name	Shallan Higley			Mother's Birthplace	No		
Name of person giving information	Margaret. Wise			How related to deceased	Sister		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Arteriosclerosis	How long	2 Years +
	Nephritis Chronic Interstitial	How long	36 hours
Immediate	Cardiac Failure		
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	T. Robt. W. Wilson,
		Address	Leitersburg,
			Md.
Accident or Suicide?			

G. H. Pugh to the State of the
Maryland & George Rouse